



Confidential - Subject to Protective Order

New England Cancer Specialists
 105 Topsham Fair Mall Road, Suite 1
 Topsham, ME 04086
 Phone: 207-303-3300 Fax: 207-692-2483

Patient Name: **Friedman, Ed**
 Patient Number: **38378**

Date: **12/14/2021**
 Date Of Birth: **12/18/1954**

Attending Physician
 David Benton, MD.

Advanced Practice Provider
 Teresa Sirois.

Nurse
 Meg

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Ed presents unaccompanied for treatment education prior to initiation of zanubrutinib, which is replacing Ibrutinib for treatment of Waldenstrom's.

Levels of GM falling on zanubrutinib. IgM levels now 313.

Blood pressure better controlled. Other counts within normal limits.

Had nuclear stress test set up tomorrow at the request of the FAA. Had a cardiac cath and stress test, showing a moderate lesion. The FAA won't renew his pilot's license until testing is done.

Remainder ROS reviewed and charted.

Oral Cancer Therapy

Drug: brukinsa
Dose: 160mg

Regimen Start Date: 9/8/21 1st script sent to pharmacy

Prescription Instructions: Take 2 tablets (160mg) by mouth twice daily.

Cycle Duration: Continuous

Start Date: 9/8/21 1st script sent to pharmacy refilled 12/06/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 12/14/2021 the patient reported the following: Constitutional - Fever/Chills: No fever or chills. Constitutional - Fatigue: None Gastrointestinal- Nausea/Vomiting/Food Intake: None Gastrointestinal - Diarrhea: No Diarrhea. Gastrointestinal - Constipation: No Constipation. Ear, Nose, Mouth, Throat: No mouth sores. Endocrine: No hot flashes. Neurological: No numbness or tingling in extremities. Respiratory - Shortness of Breath: None Cardiac: No irregularity to heartbeat. Skin: No Rash. Genito-Urinary: No urinary symptoms. Pain: Reports mild pain. Constitutional - Fatigue: Has a little fatigue which is relieved by rest. Gastrointestinal- Nausea/Vomiting/Food Intake: 3-5 episodes/day, occasional intake Gastrointestinal - Diarrhea: 2-3 loose stools per day, with some cramping. Respiratory - Shortness of Breath: With minimal activity Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity

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PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:
2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 12/14/2021 3:27:00 PM: Height=168.4cm, Weight=74.2kg, Temp=97.5f, Pulse=77bpm, Resp=18, Systolic BP=129, Diastolic BP=80, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=4

Labs

The following labs were reviewed or discussed at this visit.

Imaging

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medication: lisinopril 10 mg-hydrochlorothiazide 12.5 mg tablet. Continued medications: Aspirin Low Dose 81 mg tablet delayed release, atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, magnesium 400 mg (as magnesium oxide) tablet, metoprolol succinate ER 50 mg tablet extended release 24 hr, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule, zanubrutinib 80 mg capsule.

Discontinued medications: hydrochlorothiazide 12.5 mg capsule, lisinopril 40 mg tablet.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking History

Never smoked tobacco.

Smoking Cessation Intervention

Friedman, Ed (38378)

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Cessation not discussed.

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Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. --> resolved.
2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. Some fluctuation in IgM, though overall controlled around 400. Plan to switch to zanubrutinib to minimize side effects (fatigue, arthralgias, loose stools and hypertension are most prevalent). Therapy form month and levels are falling with IgM 385 now down to 313—reevaluate in 3 months
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well. (not discussed)
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now. (not discussed)
6. Neutropenia. Not neutropenic today, but we discussed this as a potential side effect. Will hold off on HSV and PJP prophylaxis for now, but may need to be considered.
7. Coronary disease status post post cath. No intervention required. --> nuclear stress test set up for 9/15/21 at the request of the FAA.
8. Reviewed hypertension. Is on beta-blocker, lisinopril, hydrochlorothiazide. Hoping come off 1 of those we discussed probably being when we caused the most side effects.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Tests and documents

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Fax to:

MARCUS DECK~(207)798-4018;

 Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. at on 12/14/2021



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New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-692-2483

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **10/19/2021**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Nurse
Meg

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Ed presents unaccompanied for treatment education prior to initiation of zanubrutinib, which is replacing Ibrutinib for treatment of Waldenstrom's.

Levels of GM falling on zanubrutinib. No real change in side effects. He is on 3 blood pressure medications but blood pressure is better controlled.

Recent IgM up slightly at 407, from 300 on full-dose ibrutinib.

Had nuclear stress test set up tomorrow at the request of the FAA. Had a cardiac cath and stress test, showing a moderate lesion. The FAA won't renew his pilot's license until testing is done.

Remainder ROS reviewed and charted.

Oral Cancer Therapy

Drug: brukinsa

Dose: 160mg

Regimen Start Date: **9/8/21 1st script sent to pharmacy**

Prescription Instructions: Take 2 tablets (160mg) by mouth twice daily.

Cycle Duration: Continuous

Start Date: 9/8/21 1st script sent to pharmacy

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 10/19/2021 the patient reported the following: Constitutional - Fever/Chills: No fever or chills. Constitutional - Fatigue: None Gastrointestinal- Nausea/Vomiting/Food Intake: None Gastrointestinal - Diarrhea: No Diarrhea. Gastrointestinal - Constipation: No Constipation. Ear, Nose, Mouth, Throat: No mouth sores. Endocrine: No hot flashes. Neurological: No numbness or tingling in extremities. Respiratory - Shortness of Breath: None Cardiac: No irregularity to heartbeat. Skin: No Rash. Genito-Urinary: No urinary symptoms. Pain: Reports mild pain. Constitutional - Fatigue: Has a little fatigue which is relieved by rest. Gastrointestinal- Nausea/Vomiting/Food Intake: 1-2 episodes/day, less than normal intake Gastrointestinal - Diarrhea: 2-3 loose stools per day, with some cramping. Respiratory - Shortness of Breath: With minimal activity Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity. **Confidential - Subject to Protective Order**

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:
2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 10/19/2021 3:34:00 PM: Height=168.4cm, Weight=72.2kg, Temp=97.5f, Pulse=80bpm, Resp=18, Systolic BP=131, Diastolic BP=75, O2 Sat w/o exert.=100%, Pain Assessment=3, Fatigue=4

Labs

The following labs were reviewed or discussed at this visit.

Imaging

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medication: hydrochlorothiazide 12.5 mg capsule. Continued medications: Aspirin Low Dose 81 mg tablet delayed release, atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, lisinopril 40 mg tablet, magnesium 400 mg (as magnesium oxide) tablet, metoprolol succinate ER 50 mg tablet extended release 24 hr, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule, zanubrutinib 80 mg capsule.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking History

Never smoked tobacco.

Smoking Cessation Intervention

Cessation not discussed.

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Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. --> resolved.
2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. Some fluctuation in IgM, though overall controlled around 400. Plan to switch to zanubrutinib to minimize side effects (fatigue, arthralgias, loose stools and hypertension are most prevalent). Therapy form month and levels are falling with IgM 385
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well. (not discussed)
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now. (not discussed)
6. Neutropenia. Not neutropenic today, but we discussed this as a potential side effect. Will hold off on HSV and PJP prophylaxis for now, but may need to be considered.
7. Coronary disease status post post cath. No intervention required. --> nuclear stress test set up for 9/15/21 at the request of the FAA.
8. Reviewed hypertension. Is on beta-blocker, lisinopril, hydrochlorothiazide. Hoping come off 1 of those we discussed probably being when we caused the most side effects.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Tests and documents

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Fax to:

MARCUS DECK~(207)798-4018;

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Electronically Signed By: 
David Benton, M.D. at on 10/19/2021



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New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-692-2483

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **9/14/2021**
Date Of Birth: **12/18/1954**

TREATMENT EDUCATION - TOPSHAM

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Nurse
Meg

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Ed presents unaccompanied for treatment education prior to initiation of zanubrutinib, which is replacing Ibrutinib for treatment of Waldenstrom's.

Is hopeful that zanubrutinib, will have fewer side effects than what he has with ibrutinib including fatigue, bone/muscle/ joint pain, loose stools and hypertension. He has now required a third agent, HCTZ, to manage his blood pressure.

Recent IgM up slightly at 407, from 300 on full-dose ibrutinib.

Has nuclear stress test set up tomorrow at the request of the FAA. Had a cardiac cath and stress test, showing a moderate lesion. The FAA won't renew his pilot's license until testing is done.

Remainder ROS reviewed and charted.

Side Effects

The following possible side effects were discussed:

Regimen

Zanubrutinib (Brukinsa) 160mg twice daily for Waldenstrom's macroglobulinemia

Oral Cancer Therapy

Drug: imbruvica

Dose: 420 mg

Regimen Start Date: March 2016, 5/28- increased to 480mg

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled 8/10/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Review Of Systems

ROS collected by MA and information reviewed by provider. **Confidential - Subject to Protective Order** Constitutional - Fever/Chills: No fever or chills. Constitutional - Fatigue: None Gastrointestinal - Nausea/Vomiting/Food Intake: None Gastrointestinal - Diarrhea: No Diarrhea. Gastrointestinal - Constipation: No Constipation. Ear, Nose, Mouth, Throat: No mouth sores. Endocrine: No hot flashes. Neurological: No numbness or tingling in extremities. Respiratory - Shortness of Breath: None Cardiac: No irregularity to heartbeat. Skin: No Rash. Genito-Urinary: No urinary symptoms. Pain: Reports mild pain. Constitutional - Fatigue: Has a little fatigue which is relieved by rest. Gastrointestinal - Nausea/Vomiting/Food Intake: 1-2 episodes/day, less than normal intake Gastrointestinal - Diarrhea: 2-3 loose stools per day, with some cramping. Respiratory - Shortness of Breath: With minimal activity Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems? 1. Little interest or pleasure in doing things: 0 - Not at all

2. Feeling down, depressed, or hopeless: 0 - Not at all

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much: N/A

4. Feeling tired or having little energy: N/A

5. Poor appetite or overeating: N/A

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down: N/A

7. Trouble concentrating on things, such as reading the newspaper or watching television: N/A

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: N/A

9. Thoughts that you would be better off dead, or of hurting yourself: N/A

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative

The Khorana score is meant to stratify a patients' risk for VTE upon initiation of treatment for cancer. It is not validated for risk stratification at any other time during treatment (i.e. change of treatment for relapsed/refractory disease).

Patients who are receiving hormonal agents alone are excluded and do not need to have Khorana score calculated.

Patients with a confirmed diagnosis of VTE at the time of VTE assessment are also excluded.

Instructions:

1. Complete the assessment for determining risk of VTE.

Is this the patient's initial treatment for their cancer?

If yes, please continue with the scoring tool.

If no, do not use the Khorana score exclusively to determine the use of VTE prophylaxis.

No

VTE Education:

Patient has been educated that having cancer increases risk of venous thrombus events. There are also certain chemotherapies that can increase VTEs in addition to having a malignancy. Up to 20% of cancer patients can experience blood clots. Educated patient on signs and symptoms to report such as unilateral or bilateral edema, sudden onset of dyspnea, chest pain, palpitations, among others. Patient verbalizes understanding and will notify our office with concerns.

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 9/14/2021 3:26:00 PM: Height=66.3in, Weight=157.4lb, Ht/Wt DC=LT/mc, Temp=98.4f, Pulse=80bpm, Resp=18, Systolic BP=154, Diastolic BP=79, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=4

Physical Exam

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric.

No respiratory distress.

Extremities are without edema or cyanosis.

Skin is warm and dry with no rashes.

No focal neuro deficits. Normal gait.

Alert and oriented. Conversational.

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Allergies

NKDA

Medications

Continued medications: Aspirin Low Dose 81 mg tablet delayed release, atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 420 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, lisinopril 40 mg tablet, magnesium 400 mg (as magnesium oxide) tablet, metoprolol succinate ER 50 mg tablet extended release 24 hr, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule, zanubrutinib 80 mg capsule.

Problem List:

Current Problems/Diagnoses: "Anemia, unspecified(285.9)".

Labs

The following labs were reviewed or discussed at this visit. Lab results on 9/14/2021: WBC=3.4 10³, RBC=4.67 10⁶, Hgb=14.3 gm/dL, HCT=43.1 %, MCV=92.3 fL, MCH=30.6 pg, MCHC=33.2 gm/dL, RDW-CV=13.5 %, RDW-SD=46 fL, Plat=137 10³, MPV=10.2 fL, Gran#=2.3 10³uL, Lymph#=0.6 10³uL, MONO#=0.3 10³uL, BASO#=0.0 10³uL, EOS#=0.1 10³uL, IG#=0.00 10³uL, Gran%=68.6 %, Lymph%=18.5 %, MONO%=9.3 %, BASO%=0.9 %, EOS%=2.7 %, IG%=0.00 %, Nucleated RBC=0.00 /100WBC, Sodium=137.0 mmol/L, Potassium=3.9 mmol/L, Chloride=101 mmol/L, CO2=30 mmol/L, Glucose=91 mg/dL, BUN=13 mg/dL, Creat=0.64 mg/dL, Calcium=8.9 mg/dL, Total Protein=7.0 g/dL, Albumin=4.2 g/dL, Total Bili=0.7 mg/dL, Alk Phos=55 U/L, AST=28 U/L, ALT=35 U/L, TSH with Reflex FT4=0.78 uiU/mL, Cholesterol=127 mg/dL, Triglyceride=47 mg/dL, HDL=60 mg/dL

Imaging

Clinical Documentation

Care Coordination

Distress Screening

Patient completed distress scale, and it was scanned into the chart: Yes

Distress Scale: 5 out of 10

Patient refused referral to social work.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Treatment Recommendations:

No Action Needed

Treatment Recommendations:

Continue current pain regimen

Smoking History

Never smoked tobacco.

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Smoking Cessation Intervention

Cessation not discussed.

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Distress Screening

Patient completed distress scale, and it was scanned into the chart: Yes

Distress Scale: 5 out of 10

Patient refused referral to social work.

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. --> resolved.

2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. Some fluctuation in IgM, though overall controlled around 400. Plan to switch to zanubrutinib to minimize side effects (fatigue, arthralgias, loose stools and hypertension are most prevalent). Drug is on order. Teaching provided today including taking BID (he would like to try BID at first, then switch to 320 mg qd as mentioned in package insert). Advised to take with or without food, but consistently and avoid grapefruit/ grapefruit juice.

3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well. (not discussed)

4. Nocturia. Stable. Patient on Flomax.

5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now. (not discussed)

6. Neutropenia. Not neutropenic today, but we discussed this as a potential side effect. Will hold off on HSV and PJP prophylaxis for now, but may need to be considered.

7. Coronary disease status post post cath. No intervention required. --> nuclear stress test set up for 9/15/21 at the request of the FAA.

Plan: He will start zanubrutinib when available. Plan q2 week count checks. Due again to see Dr. Benton in about 5 weeks. Call if there are any concerns in the meantime.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Time documentation

I spent a total of 42 minutes on medical records documentation, chart review, and counseling on this date of service.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Fax to:

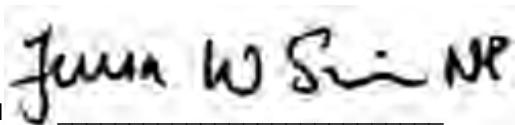
Friedman, Ed (38378)

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DB-NECS 00012

MARCUS DECK~(207)798-4018;

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Electronically Signed

Teresa Sirois, FNP at on 9/15/2021



Electronically Signed By

David Benton, M.D. at on 9/20/2021



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New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-692-2483

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **9/7/2021**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

At presents for follow-up for Waldenstrom's today. IgM levels up slightly at 407. This is up from 300 while on full dose ibrutinib.

On exam he is well-appearing. Normal gait. Normal affect. No focal deficits. Regular respiratory rate and effort. Regular pulse.

Oral Cancer Therapy

Drug: imbruvica

Dose: 280mg

Regimen Start Date: March 2016, 5/28- increased to 480mg

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled 8/10/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 9/7/2021 the patient reported the following: Constitutional - Fever/Chills: No fever or chills. Constitutional - Fatigue: None Gastrointestinal- Nausea/Vomiting/Food Intake: None Gastrointestinal - Diarrhea: No Diarrhea. Gastrointestinal - Constipation: No Constipation. Ear, Nose, Mouth, Throat: No mouth sores. Endocrine: No hot flashes. Neurological: No numbness or tingling in extremities. Respiratory - Shortness of Breath: None Cardiac: No irregularity to heartbeat. Skin: No Rash. Genito-Urinary: No urinary symptoms. Pain: Reports mild pain. Constitutional - Fatigue: Has a little fatigue which is relieved by rest. Gastrointestinal- Nausea/Vomiting/Food Intake: 1-2 episodes/day, less than normal intake Gastrointestinal - Diarrhea: 2-3 loose stools per day, with some cramping. Respiratory - Shortness of Breath: With minimal activity

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:
2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

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3. Trouble falling or staying asleep, or sleeping too much:
4. Feeling tired or having little energy:
5. Poor appetite or overeating:
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:
7. Trouble concentrating on things, such as reading the newspaper or watching television:
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:
9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work

Vitals

Vitals on 9/7/2021 3:28:00 PM: Height=174.0cm, Weight=72.9kg, Temp=97.9f, Pulse=75bpm, Resp=18, Systolic BP=154, Diastolic BP=84, O2 Sat w/o exert.=99%, Pain Assessment=2, Fatigue=4

Labs

The following labs were reviewed or discussed at this visit.

Imaging

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Continued medications: Aspirin Low Dose 81 mg tablet delayed release, atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 420 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, lisinopril 40 mg tablet, magnesium 400 mg (as magnesium oxide) tablet, metoprolol succinate ER 50 mg tablet extended release 24 hr, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule. Discontinued medication: magnesium citrate 100 mg tablet.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking History

Never smoked tobacco.

Smoking Cessation Intervention

Cessation not discussed.

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

Friedman, Ed (38378)

Page 2 of 4

DB-NECS 00015

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential.
Confidential - Subject to Protective Order
2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. Levels dropping again back on 420 mg.--Now with rise. Plan to switch to zanz to minimize symptoms. Discussed ibrutinib may not be working at this point and another option would be to stay on this agent and remeasure in 6 weeks but also reasonable to switch at this time. Follow-up in 6 weeks
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.
6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.
7. Coronary disease status post post cath. No intervention required.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Problems

Problems addressed at this visit:

Two or more chronic illnesses (stable) as discussed above.

Tests and documents

Test results reviewed as documented above in labs/tests results.

Tests ordered as a result of today's visit as documented above in the assessment and plan.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management is high based information discussed above.

 Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. at on 9/7/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-692-2483

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **7/9/2021**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

New England Cancer Specialists - Topsham.

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

At presents for follow-up for Waldenstrom's today. IgM levels back down under 300. Reviewed recent cardiac catheterization. No intervention required.

On exam he is well-appearing. Normal gait. Normal affect. No focal deficits. Regular respiratory rate and effort. Regular pulse.

Oral Cancer Therapy

Drug: imbruvica
Dose: 280mg

Regimen Start Date: March 2016, 5/28- increased to 480mg

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled5/24/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize):

Missed doses:

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 7/9/2021 the patient reported the following: Constitutional - Fever/Chills: No fever or chills. Constitutional - Fatigue: None Gastrointestinal- Nausea/Vomiting/Food Intake: None Gastrointestinal - Diarrhea: No Diarrhea. Gastrointestinal - Constipation: No Constipation. Ear, Nose, Mouth, Throat: No mouth sores. Endocrine: No hot flashes. Neurological: No numbness or tingling in extremities. Respiratory - Shortness of Breath: None Cardiac: No irregularity to heartbeat. Skin: No Rash. Genito-Urinary: No urinary symptoms. Pain: Reports mild pain. Constitutional - Fatigue: Reports quite a bit of fatigue which limits activities. Respiratory - Shortness of Breath: With moderate activity Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:
2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

Confidential - Subject to Protective Order

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 7/9/2021 3:45:00 PM: Height=174.0cm, Weight=73.0kg, Temp=97.0f, Pulse=72bpm, Resp=18, Systolic BP=157, Diastolic BP=93, O2 Sat w/o exert.=99%, Pain Assessment=2, Fatigue=5

Labs

The following labs were reviewed or discussed at this visit.

Imaging

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medications: Aspirin Low Dose 81 mg tablet delayed release, lisinopril 40 mg tablet, magnesium 400 mg (as magnesium oxide) tablet. Continued medications: atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 280 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, magnesium citrate 100 mg tablet, metoprolol succinate ER 50 mg tablet extended release 24 hr, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule. Discontinued medication: lisinopril 20 mg tablet.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking History

Never smoked tobacco.

Smoking Cessation Intervention

Cessation not discussed.

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic infection. Plan on iron and now chemotherapy in the differential.

2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. Levels dropping again back on 420 mg.

3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.

4. Nocturia. Stable. Patient on Flomax.

5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.

6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.

7. Coronary disease status post post cath. No intervention required.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Problems

Problems addressed at this visit:

Two or more chronic illnesses (stable) as discussed above.

Tests and documents

Test results reviewed as documented above in labs/tests results.

Tests ordered as a result of today's visit as documented above in the assessment and plan.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management is high based on information discussed above.

Electronically Signed By: 
David Benton, M.D. at on 7/9/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **5/28/2021**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

At presents for follow-up for Walden Strom's today. His IgM levels rose slightly today. Just above the upper limits of normal. SPEP is also showing slight rise in M spike by 10 to the point. This occurred on a dose reduced ibrutinib at 280 mg dose reduced for hypertension. He is now on 40 mg lisinopril and 50 mg metoprolol. Working Dr. Deck to control blood pressure.

On exam he is well-appearing. Normal gait. Normal affect. No focal deficits. Regular respiratory rate and effort. Regular pulse.

Oral Cancer Therapy

Drug: imbruvica
Dose: 280mg

Regimen Start Date: March 2016, modified to 280mg 4/27/21

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled5/24/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 5/28/2021 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal- Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Respiratory - Shortness of Breath: With minimal activity

Skin: Minimal skin rash with no itching.

Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: **Confidential - Subject to Protective Order**

2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 5/28/2021 3:23:00 PM: Height=174.0cm, Weight=73.3kg, Temp=98.0f, Pulse=70bpm, Resp=18, Systolic BP=138, Diastolic BP=82, O2 Sat w/o exert.=97%, Pain Assessment=2, Fatigue=4

Labs

The following labs were reviewed or discussed at this visit.

Imaging

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medication: metoprolol succinate ER 50 mg tablet extended release 24 hr. Continued medications: atorvastatin 40 mg tablet, citrus bergamont, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 280 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, lisinopril 20 mg tablet, magnesium citrate 100 mg tablet, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule. Discontinued medication: metoprolol succinate ER 25 mg capsule sprinkle ext. release 24 hr.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking History

Never smoked tobacco.

Smoking Cessation Intervention

Cessation not discussed.

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Friedman, Ed (38378)

Page 2 of 4

DB-NECS 00022

Side effects of oral therapy and changes observed:

Confidential - Subject to Protective Order

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential.
2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. But now worsening a rise in IgM on lower dose ibrutinib. Plan to increase to 420 and be more aggressive with hypertension medications.
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.
6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Problems

Problems addressed at this visit:

Two or more chronic illnesses (stable) as discussed above.

Tests and documents

Test results reviewed as documented above in labs/tests results.

Tests ordered as a result of today's visit as documented above in the assessment and plan.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management is high based information discussed above.

 Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. at on 5/28/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **4/26/2021**
Date Of Birth: **12/18/1954**

Note

April 26, 2021

To Whom It May Concern,

Edward Friedman is a patient here at New England Cancer Specialists. He was diagnosed in October of 2013 with lymphoplasmacytic lymphoma after presenting with fatigue and anemia. He began chemotherapy with this disorder in June of 2014, receiving a combination of Bendamustine and Rituximab. He received 4 cycles of this combination, and his last dose was completed on September 16 of 2014. He has now is treated with Imbruvica after a relapse in 2016. He has experienced no side effects and feels stronger and more alert than at anytime I have known him. He continues to remain in remission as of blood work dated 4/21/2021

We will plan on following his disease using both clinical evaluation and blood work, specifically IgM levels, serum protein electrophoresis, complete blood counts. Regarding his oncologic diagnosis, there are no restrictions placed on further activity. Since Imbruvica has made a positive change in Mr. Friedman's health and well being, he respectfully requests the FAA considers and approves his continued exercise of his commercial pilot privileges, while maintaining his daily regimen of targeted therapy.

Thank you.

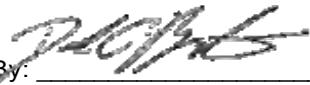
Sincerely,

David C. Benton, M.D.
Hematology/Oncology

DCB/js

Fax Recipients
MARCUS DECK~(207)7984018;

Signed: Meg Churchill, RN ADN on 4/26/2021 at 4:09 PM

Electronically Signed By: 
David Benton, M.D. at on 4/26/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **4/26/2021**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

At presents for follow-up for Walden Strom's today. His IgM levels are nicely controlled at 318. He has had some issues with blood pressure reaching a high of 190. Low-dose beta-blocker and low-dose ACE inhibitor with blood pressure still in the 150s.

Request additional letter for the FAA.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date: March 2016

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled 3/30/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 4/26/2021 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal- Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Respiratory - Shortness of Breath: With minimal activity

Cardiac: Experiences irregular heartbeat daily.

Skin: Moderate skin rash with some itching.

Genito-Urinary: Frequency/urgency

Food Security

Friedman, Ed (38378)

Page 1 of 4

DB-NECS 00026

Food Security Did not indicate any food insecurity.

Confidential - Subject to Protective Order

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 4/26/2021 3:37:00 PM: Temp=98.8f, Pulse=80bpm, Resp=18, Systolic BP=156, Diastolic BP=73, O2 Sat w/o exert.=97%, Pain Assessment=2, Fatigue=4

Labs

The following labs were reviewed or discussed at this visit.

Imaging

The following imaging studies were reviewed or discussed at this visit.

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medications: citrus bergamont, vitamin K2 100 mcg capsule. Continued medications: atorvastatin 40 mg tablet, epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 140 mg capsule, Imbruvica 420 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, lisinopril 20 mg tablet, magnesium citrate 100 mg tablet, metoprolol succinate ER 25 mg capsule sprinkle ext. release 24 hr, tamsulosin 0.4 mg capsule. Discontinued medication: vitamin K2 40 mcg tablet.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking Status

Smoking Status

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Friedman, Ed (38378)

Page 2 of 4

DB-NECS 00027

Side effects of oral therapy and changes observed:

Confidential - Subject to Protective Order

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential.
2. Waldenstrom's macroglobulin anemia. Well-controlled on ibrutinib. IgM levels continue to fall on 280 mg of ibrutinib. Plan to follow again in 1 month. Continue to 80 for now.
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.
6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.

Letter to FAA provided.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Time documentation

I spent a total of 35 minutes on medical records documentation, chart review, and counseling on this date of service.

Problems

Problems addressed at this visit:

Two or more chronic illnesses (stable) as discussed above.

Tests and documents

Test results reviewed as documented above in labs/tests results.

Tests ordered as a result of today's visit as documented above in the assessment and plan.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management is high based information discussed above.

 Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. at on 4/26/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-303-3300 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **4/5/2021**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

At presents for follow-up for Walden Strom's today. His IgM levels are nicely controlled at 318. He has had some issues with blood pressure reaching a high of 190. Low-dose beta-blocker and low-dose ACE inhibitor with blood pressure still in the 150s.

Patient looking well anicteric. No cervical supraclavicular inguinal adenopathy. Lungs clear bilaterally.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date: March 2016

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: refilled 3/30/21

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 4/5/2021 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal- Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Pain: Reports mild pain.

Constitutional - Fatigue: Reports quite a bit of fatigue which limits activities.

Respiratory - Shortness of Breath: With minimal activity

Skin: Moderate skin rash with some itching.

Genito-Urinary: Frequency/urgency

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: 0 - Not at all

2. Feeling down, depressed, or hopeless: 0 **Confidential - Subject to Protective Order**

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much: N/A

4. Feeling tired or having little energy: N/A

5. Poor appetite or overeating: N/A

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down: N/A

7. Trouble concentrating on things, such as reading the newspaper or watching television: N/A

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: N/A

9. Thoughts that you would be better off dead, or of hurting yourself: N/A

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 4/5/2021 3:38:00 PM: Height=174.0cm, Weight=75.3kg, Temp=98.1f, Pulse=70bpm, Resp=18, Systolic BP=154, Diastolic BP=84, O2 Sat w/o exert.=97%, Pain Assessment=2, Fatigue=5

Labs

The following labs were reviewed or discussed at this visit.

Imaging

The following imaging studies were reviewed or discussed at this visit.

Clinical Documentation

Care Coordination

Allergies

NKDA

Medications

Added medications: atorvastatin 40 mg tablet, lisinopril 20 mg tablet, metoprolol succinate ER 25 mg capsule sprinkle ext. release 24 hr. Continued medications: epinephrine 0.3 mg/0.3 mL injection auto-injector, Glucose test strips, Imbruvica 140 mg capsule, Imbruvica 420 mg tablet, lancets 30 gauge and blood glucose strips combo pack, lancets 33 gauge, magnesium citrate 100 mg tablet, tamsulosin 0.4 mg capsule, vitamin K2 100 mcg capsule, vitamin K2 40 mcg tablet. Discontinued medication: lisinopril 10 mg tablet.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Smoking Status

Smoking Status

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential.

Friedman, Ed (38378)

Page 2 of 3

DB-NECS 00031

2. Waldenstrom's macroglobulin anemia. Well controlled on ibutimab. Plan to take a break from treatment due to side effect of hypertension grade 3. If pressure normalizes we can restart at 280 mg daily.

3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.

4. Nocturia. Stable. Patient on Flomax.

5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.

6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.

Other Medical Issues

Chronic Illnesses

The following chronic illness(s) were discussed at this visit increasing patient's risk and the complexity of disease management.

Direct Supervision Statement

This service was provided following the established plan of care and under the direct supervision of the attending physician.

Problems

Problems addressed at this visit:

Two or more chronic illnesses (stable) as discussed above.

Tests and documents

Test results reviewed as documented above in labs/tests results.

Tests ordered as a result of today's visit as documented above in the assessment and plan.

Independent Analysis of recent testing (Path, Imaging, Molecular Testing, External Procedures)

Discussion of Management

Risk

Risk of Complications and/or Morbidity/Mortality of Patient Management is high based information discussed above.



Electronically Signed By: David Benton, M.D. at on 4/5/2021



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **11/30/2020**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Mr. Friedman is here for follow-up of Waldenstrom's macroglobulinemia and is due for cycle 4 of BR today. He states he is feeling quite well and his only complaint is of bilateral knee pain. The pain seems worse as the day progresses. He denies any unusual activity. No swelling or erythema. He describes legs as sore and heavy with most discomfort in his knees. No general malaise, myalgias or other arthralgias. Denies any known tick bites or any bulls eye rash. He states that he e-mailed his oncologist in Boston who thought the pain was likely related to Rituxan. He was also concerned it could be related to tumor lysis syndrome. He is not on allopurinol. He denies any edema (has had with prior cycles).

At presents today with his fairly stable IgM level of 372. M spike stable at 0.4 CBC CMP stable. He is recently found he has increased calcifications in his left main artery. He did well on his stress but but is considering cardiac cath.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric;

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date: March 2016

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: 10/26/2020

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize):

Missed doses:

Patient Reported Symptoms

ROS collected by MA and information reviewed. On 11/30/2020 the patient reported the following:

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Feeling down, depressed, or hopeless: **Confidential - Subject to Protective Order**

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative**Vitals**

Vitals on 11/30/2020 3:37:00 PM: Height=174.0cm, Weight=74.3kg, Temp=97.4f, Pulse=79bpm, Resp=18, Systolic BP=168, Diastolic BP=90, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=3

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
epinephrine 0.3 mg/0.3 mL injection, auto-injector	9/19/2019	2	0	Inject IM (generic)
lisinopril 10 mg tablet	11/14/2019		0	2 p.o. q. day
lancets 33 gauge	12/23/2019	1	0	for fingersticks
Glucose test strips	12/23/2019	100	0	to use for fingersticks
Imbruvica 420 mg tablet	11/19/2020	28	0	1 p.o. q. day
vitamin K2 100 mcg capsule	11/30/2020		0	2 p.o. q. day

Oral Cancer Therapy**Oral adherence counseling provided to patient:****Side effects of oral therapy and changes observed:****Assessment and Plan**

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential.
2. Waldenstrom's macroglobulin anemia. Plan on 4-6 cycles of bendamustine rituximab. IgM levels fluctuating. SPEP pending. Doing well on her ibrutinib. Continue current therapy. Gust possible transition to zanzabrutinib once available.
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.

Friedman, Ed (38378)

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DB-NECS 00034

6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs
infection. Return in 1 week for next tx.

Confidential - Subject to Protective Order

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Verify Smoking Status

Smoking Status



Electronically Signed By: _____
David Benton, M.D. at on 11/30/2020



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **8/31/2020**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM stable in mid 300s. M spike still measured 0.3- 0.4. Minor lymphocytosis still present without change.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date: March 2016

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: 8/2/20

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Review Of Systems

ROS collected by MA and information reviewed. On 8/31/2020 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal - Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Respiratory - Shortness of Breath: With minimal activity

Confidential - Subject to Protective Order

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: 0 - Not at all

2. Feeling down, depressed, or hopeless: 0 - Not at all

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much: 0 - Not at all

4. Feeling tired or having little energy: 0 - Not at all

5. Poor appetite or overeating: 0 - Not at all

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down: 0 - Not at all

7. Trouble concentrating on things, such as reading the newspaper or watching television: 0 - Not at all

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: 0 - Not at all

9. Thoughts that you would be better off dead, or of hurting yourself: 0 - Not at all

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative**Vitals**

Vitals on 8/31/2020 3:25:00 PM: Height=68.5in, Weight=154.1lb, Temp=97.9f, Temp Route=po, Pulse=66bpm, Resp=18, Systolic BP=134, Diastolic BP=71, O2 Sat w/o exert.=97RA%, Pain Assessment=3, Fatigue=4

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
epinephrine 0.3 mg/0.3 mL injection, auto-injector	9/19/2019	2	0	Inject IM (generic)
lisinopril 10 mg tablet	11/14/2019		0	2 p.o. q. day
Glucose test strips	12/23/2019	100	0	to use for fingersticks
lancets 33 gauge	12/23/2019	1	0	for fingersticks

Oral Cancer Therapy**Oral adherence counseling provided to patient:****Side effects of oral therapy and changes observed:****Assessment and Plan**1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose.
Friedman, Ed (38378)

IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 4 months with ~~Confidential Subject to Protective Order~~ valabrutinib.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k IU.

3. iron def anemia controlled. (resolved)

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Electronically Signed By: 
David Benton, M.D. at on 8/31/2020



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **6/1/2020**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM stable in 4high 300s. M spike still measured 0.4. Minor lymphocytosis still present without change.

Requests new FAA letter. Still battling with CMP. Remains of vit D for osteoperosis. No new anemia.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date: March 2016

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: 6/2/20

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Review Of Systems

ROS collected by MA and information reviewed. On 6/1/2020 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal - Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores **Confidential - Subject to Protective Order**

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Respiratory - Shortness of Breath: With moderate activity

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 6/1/2020 3:19:00 PM: Height=68.5in, Weight=158.1lb, Temp=98.0f, Pulse=83bpm, Resp=18, Systolic BP=130, Diastolic BP=78, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
epinephrine 0.3 mg/0.3 mL injection, auto-injector	9/19/2019	2	0	Inject IM (generic)
lisinopril 10 mg tablet	11/14/2019		0	2 p.o. q. day
Glucose test strips	12/23/2019	100	0	to use for fingersticks
lancets 33 gauge	12/23/2019	1	0	for fingersticks

Oral Cancer Therapy

Confidential - Subject to Protective Order

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 4 months with repeat blood work.--stable. Reviewed new data on valabrutinib.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k IU.

3. iron def anemia controlled. (resolved)

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative



Electronically Signed By:

David Benton, M.D. at on 6/9/2020



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **11/14/2019**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM stable in 400s. M spike still measured 0.4. Minor lymphocytosis still present without change.

In today for acute episode. Patient describes feeling well up until roughly 3 weeks ago when he noted left upper quadrant tenderness. No early satiety. He did lose some weight. Symptoms began in earnest roughly 4 days ago when he developed low-grade temperatures above 100-101. He had chills and sweats. Symptoms have continued through these 4 days. He also noted hypertension with a blood pressure over 180. He doubled his lisinopril dose and brought down to the 120s. No dysuria. History of renal stones.--anaplasmosis diagnosed. 10 day doxy now nearing end. PLT back to nl.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date:

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: 11/8/19

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Review Of Systems

Friedman, Ed (38378)

Page 1 of 3

DB-NECS 00042

ROS collected by MA and information reviewed. On 11/14/2019 the patient reported the following:

Confidential - Subject to Protective Order

Gastrointestinal - Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Respiratory - Shortness of Breath: With minimal activity

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: 0 - Not at all

2. Feeling down, depressed, or hopeless: 0 - Not at all

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much: N/A

4. Feeling tired or having little energy: N/A

5. Poor appetite or overeating: N/A

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down: N/A

7. Trouble concentrating on things, such as reading the newspaper or watching television: N/A

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: N/A

9. Thoughts that you would be better off dead, or of hurting yourself: N/A

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 11/14/2019 2:32:00 PM: Height=68.5in, Weight=159.6lb, Temp=97.6f, Pulse=73bpm, Resp=18, Systolic BP=129, Diastolic BP=64, O2 Sat w/o exert.=99%, Pain Assessment=2, Fatigue=3

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
epinephrine 0.3 mg/0.3 mL injection, auto-injector	9/19/2019	2	0	Inject IM (generic)
Glucose test strips	9/25/2019	100	0	to use for fingersticks
lancets 33 gauge	9/25/2019	1	0	for fingersticks

Imbruvica 420 mg tablet	10/30/2019	28	0	1 p.o. q. day
lisinopril 10 mg tablet	11/14/2019	0	0	2 p.o. q. day

Confidential - Subject to Protective Order

Oral Cancer Therapy**Oral adherence counseling provided to patient:****Side effects of oral therapy and changes observed:****Assessment and Plan**

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 4 months with repeat blood work.--stable

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k IU.

3. iron def anemia controlled. (resolved)

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

5. Acute event which sounds infectious in etiology rather than secondary to a lymphoproliferative disorder. I am unable to feel a spleen tip in the left upper quadrant and I cannot reproduce the pain he felt. We discussed that this could be some slight inflammation of the spleen and capsule stretching. My greatest concern would be a tickborne illness and was treated empirically with doxycycline. Tick panel was sent as well as blood cultures. He should follow-up in roughly 10 days to see how is doing and repeat blood work noting a drop in his platelet count of 56,000 and slight transaminitis. I will hold off on drawing IgM levels at this time as the inflammation will send those upward. No signs of a transformed to more aggressive lymphoma at this point with nonpalpable spleen and no palpable nodes.-- anaplasmosis diagnosed and treated. blood work back to normal.

PHQ-9 Depression Score**Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative**

Electronically Signed By:

David Benton, M.D. at on 11/14/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **9/19/2019**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM at 490. M spike still measured 0.4. Minor lymphocytosis still present without change.

In today for acute episode. Patient describes feeling well up until roughly 3 weeks ago when he noted left upper quadrant tenderness. No early satiety. He did lose some weight. Symptoms began in earnest roughly 4 days ago when he developed low-grade temperatures above 100-101. He had chills and sweats. Symptoms have continued through these 4 days. He also noted hypertension with a blood pressure over 180. He doubled his lisinopril dose and brought down to the 120s. No dysuria. History of renal stones.--anaplasmosis diagnosed. 10 day doxy now nearing end. PLT back to nl.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Oral Cancer Therapy

Drug: imbruvica

Dose: 420mg

Regimen Start Date:

Prescription Instructions: 1 po q day

Cycle Duration: 30 days - ongoing

Start Date: 9/13/19

(Most Recent Cycle Start; for continuous drugs most recent fill/refill start)

Clear on dosing and administration instructions (can verbalize): Yes

Missed doses: No

Patient Reported Review Of Systems

ROS collected by MA and information reviewed. On 9/19/2019 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in ~~extremities~~ **Confidential - Subject to Protective Order**

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Gastrointestinal - Nausea/Vomiting/Food Intake: 1-2 episodes/day, less than normal intake

Gastrointestinal - Diarrhea: 4-6 loose stools per day, with moderate cramping.

Respiratory - Shortness of Breath: With moderate activity

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: 0 - Not at all

2. Feeling down, depressed, or hopeless: 0 - Not at all

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much: N/A

4. Feeling tired or having little energy: N/A

5. Poor appetite or overeating: N/A

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down: N/A

7. Trouble concentrating on things, such as reading the newspaper or watching television: N/A

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: N/A

9. Thoughts that you would be better off dead, or of hurting yourself: N/A

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months): Negative

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 9/19/2019 2:36:00 PM: Height=68.5in, Weight=156.0lb, Temp=97.2f, Temp Route=po, Pulse=93bpm, Resp=18, Systolic BP=110, Diastolic BP=70, O2 Sat w/o exert.=95%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
lisinopril 5 mg tablet	7/25/2019		0	1 p.o. q. day
doxycycline hyclate 100 mg tablet	9/10/2019	21	0	1 p.o. q. day
Imbruvica 420 mg tablet	9/13/2019	28	0	1 p.o. q. day

Oral Cancer Therapy

Confidential - Subject to Protective Order

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 2 months with repeat blood work.--stable

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k IU.

3. iron def anemia controlled. (resolved)

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

5. Acute event which sounds infectious in etiology rather than secondary to a lymphoproliferative disorder. I am unable to feel a spleen tip in the left upper quadrant and I cannot reproduce the pain he felt. We discussed that this could be some slight inflammation of the spleen and capsule stretching. My greatest concern would be a tickborne illness and was treated empirically with doxycycline. Tick panel was sent as well as blood cultures. He should follow-up in roughly 10 days to see how is doing and repeat blood work noting a drop in his platelet count of 56,000 and slight transaminitis. I will hold off on drawing IgM levels at this time as the inflammation will send those upward. No signs of a transformed to more aggressive lymphoma at this point with nonpalpable spleen and no palpable nodes.-- anaplasmosis diagnosed and treated. blood work back to normal.

PHQ-9 Depression Score

Psychiatric - PHQ-9 Depression Screening (test at least every 3 months):: Negative

Electronically Signed By: 

David Benton, M.D. at on 9/19/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **9/10/2019**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM at 490. M spike still measured 0.4. Minor lymphocytosis still present without change.

In today for acute episode. Patient describes feeling well up until roughly 3 weeks ago when he noted left upper quadrant tenderness. No early satiety. He did lose some weight. Symptoms began in earnest roughly 4 days ago when he developed low-grade temperatures above 100-101. He had chills and sweats. Symptoms have continued through these 4 days. He also noted hypertension with a blood pressure over 180. He doubled his lisinopril dose and brought down to the 120s. No dysuria. History of renal stones.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Patient Reported Review Of Systems

ROS collected by MA and information reviewed. On 9/10/2019 the patient reported the following:

Gastrointestinal - Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Neurological: No numbness or tingling in extremities.

Respiratory - Shortness of Breath: None

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fever/Chills: Reports mild sensation of cold.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Endocrine: Moderate episodes of hot flashes - up to 10 per day.

Food Security

Confidential - Subject to Protective Order

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Performance Status

Performance Status 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work

Vitals

Vitals on 9/10/2019 3:00:00 PM: Height=68.5in, Weight=161.4lb, Temp=100.0f, Pulse=98bpm, Resp=18, Systolic BP=125, Diastolic BP=74, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=4

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
lisinopril 5 mg tablet	7/25/2019		0	1 p.o. q. day
doxycycline hyclate 100 mg tablet	9/10/2019	21	0	1 p.o. q. day

Oral Cancer Therapy

Oral adherence counseling provided to patient:

Side effects of oral therapy and changes observed:

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 2 months with repeat blood work.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu.

3. iron def anemia controlled. (resolved)

Confidential - Subject to Protective Order

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

5. Acute event which sounds infectious in etiology rather than secondary to a lymphoproliferative disorder. I am unable to feel a spleen tip in the left upper quadrant and I cannot reproduce the pain he felt. We discussed that this could be some slight inflammation of the spleen and capsule stretching. My greatest concern would be a tickborne illness and was treated empirically with doxycycline. Tick panel was sent as well as blood cultures. He should follow-up in roughly 10 days to see how is doing and repeat blood work noting a drop in his platelet count of 56,000 and slight transaminitis. I will hold off on drawing IgM levels at this time as the inflammation will send those upward. No signs of a transformed to more aggressive lymphoma at this point with nonpalpable spleen and no palpable nodes.



Electronically Signed By:

David Benton, M.D. at on 9/10/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **7/25/2019**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike. IgM at 490. M spike still measured 0.4. Minor lymphocytosis still present without change.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Patient Reported Review Of Systems

ROS collected by MA and information reviewed. On 7/25/2019 the patient reported the following:

Constitutional - Fever/Chills: No fever or chills.

Gastrointestinal - Nausea/Vomiting/Food Intake: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Respiratory - Shortness of Breath: None

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Fatigue: Has a little fatigue which is relieved by rest.

Food Security

Food Security Did not indicate any food insecurity.

PHQ-9 Depression Screening - Patient Answers

Friedman, Ed (38378)

Page 1 of 3

DB-NECS 00051

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things: **Confidential - Subject to Protective Order**

2. Feeling down, depressed, or hopeless:

Score <=4: Mark rest of questions as N/A

Score >=5: Continue with questions

3. Trouble falling or staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:

9. Thoughts that you would be better off dead, or of hurting yourself:

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 7/25/2019 1:08:00 PM: Height=68.5in, Weight=163.0lb, Temp=98.3f, Pulse=73bpm, Resp=18, Systolic BP=146, Diastolic BP=79, O2 Sat w/o exert.=97%, Pain Assessment=3, Fatigue=4

Oral Adherence Check - Oral Cancer Therapy Only

Medication Start Date (Cycle Start):

Clear on dosing and administration instructions (can verbalize):

Missed Doses:

Change since last visit:

Any side effects reported:

Oral Chemotherapy Counseling/Instructions:

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
lisinopril 5 mg tablet	7/25/2019		0	1 p.o. q. day

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow up IgM levels. We will see him back in 2 months with repeat blood work.

2. Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k IU.

3. iron def anemia controlled. (resolved)

4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Friedman, Ed (38378)

Page 2 of 3

DB-NECS 00052

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Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.



Electronically Signed By:

David Benton, M.D. at on 7/25/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **5/2/2019**
Date Of Birth: **12/18/1954**

Note
5/2/2019

To Whom It May Concern,

Edward Friedman is a patient here at New England Cancer Specialists. He was diagnosed in October of 2013 with lymphoplasmacytic lymphoma after presenting with fatigue and anemia. He is currently being treated with Imbruvica. His disease remains well controlled and he has not experienced any significant side effects. He is followed with disease specific blood work and clinical evaluation on a three month basis.

Regarding his oncology diagnosis, there are no restrictions placed on further activity. We respectfully request the FAA consider and approve the continued exercise of his commercial pilot privileges. Please feel free to call if there are any questions regarding his case.

Thank you. Sincerely, David C. Benton, M.D. Hematology/Oncology

A handwritten signature in black ink, appearing to read "David C. Benton, M.D." or a similar variation.

Electronically Signed By: _____
David Benton, M.D. at on 5/2/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **5/2/2019**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM slightly up today but no change in cbc, cmp, or M spike.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Patient Reported Review Of Systems

Constitutional - Fever/Chills: No fever or chills.

Constitutional - Fatigue: None

Gastrointestinal - Diarrhea: No Diarrhea.

Gastrointestinal - Constipation: No Constipation.

Ear, Nose, Mouth, Throat: No mouth sores.

Endocrine: No hot flashes.

Neurological: No numbness or tingling in extremities.

Cardiac: No irregularity to heartbeat.

Skin: No Rash.

Genito-Urinary: No urinary symptoms.

Pain: Reports mild pain.

Constitutional - Nausea/Vomiting/Food Intake: 1-2 episodes/day, less than normal intake

Respiratory - Shortness of Breath: With moderate activity

Food Security

Food Security Did not indicate any food insecurity.

Vitals

Vitals on 5/2/2019 1:35:00 PM: Height=68.5in, Weight=173.2lb, Temp=97.7f, Pulse=72bpm, Resp=18, Systolic BP=158, Diastolic BP=98, O2 Sat w/o exert.=99%, Pain Assessment=3, Fatigue=4

Allergies

NKDA

Medications

Drug	Confidential - Subject to Protective Order			
	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016		0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018		0	2 p.o. twice a day (BID)
strontium nitrate (bulk)	6/14/2018		0	
Imbruvica 420 mg tablet	4/16/2019	28	0	1 p.o. q. day

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels now nearing normal and we may be seeing some fluctuations rather than progression. Plan to continue treatment and follow IgM levels.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu.
3. iron def anemia controlled. (resolved)
4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.



Electronically Signed By:

David Benton, M.D. at on 5/5/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **3/7/2019**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

New England Cancer Specialists - Brunswick

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM levels falling steadily since restarting treatment after surgery.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Other Medical problems

Current Problems/Diagnoses: "Anemia, unspecified(285.9)".

Performance Status

Performance Status 0: Fully active, able to carry on all pre-disease performance without restriction

Vitals

Vitals on 3/7/2019 1:34:00 PM: Height=68.5in, Weight=168.8lb, Temp=97.6f, Temp Route=po, Pulse=70bpm, Resp=18, Systolic BP=159, Diastolic BP=94, O2 Sat w/o exert.=97%, Pain Assessment=2, Fatigue=3

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)

vitamin K2 40 mcg tablet	1/11/2016	0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018	0	prn
strontium nitrate (bulk)	6/14/2018	0	
Imbruvica 420 mg tablet	2/11/2019	28	1 p.o. q. day

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels rising quickly off therapy. Now responding again by IgM levels. Plan to continue treatment and obtain full labs in 4 months.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu.
3. iron def anemia controlled. (resolved)
4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: David Benton, M.D. at on 3/7/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **11/1/2018**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM levels falling steadily since restarting treatment after surgery.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 11/1/2018 1:36:00 PM: Height=68.5in, Weight=168.4lb, Temp=97.7f, Pulse=64bpm, Resp=18, Systolic BP=174, Diastolic BP=91, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016		0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017		0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	0	3 caps(=420 mg) PO daily diplomat spec pharm

tamsulosin 0.4 mg capsule	4/26/2018	0	prn
strontium nitrate (bulk)	6/14/2018	0	

Confidential - Subject to Protective Order

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels rising quickly off therapy. Now responding again by IgM levels. Plan to continue treatment and obtain full labs in 4 months.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu.
3. iron def anemia controlled. (resolved)
4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.



Electronically Signed By:

David Benton, M.D. at on 11/1/2018



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **8/9/2018**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -IgM levels falling steadily since restarting treatment after surgery.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 8/9/2018 1:29:00 PM: Height=68.5in, Weight=159.6lb, Temp=97.6f, Pulse=63bpm, Resp=18, Systolic BP=132, Diastolic BP=63, O2 Sat w/o exer.=97%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016		0	1000mg QD 800 D3

Vitamin D3 2,000 unit tablet	4/5/2017	0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018	0	prn
strontium nitrate (bulk)	6/14/2018	0	
Imbruvica 420 mg tablet	7/17/2018	28	1 p.o. q. day

Confidential - Subject to Protective Order**Assessment and Plan**

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels rising quickly off therapy. Now responding again by IgM levels. Plan to continue treatment and obtain full labs in 2-3 months.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu. this may increase again with reevaluation in 4 months.
3. iron def anemia controlled. (resolved)
4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.



Electronically Signed By:

David Benton, M.D. at on 8/9/2018



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **6/15/2018**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -held therapy for 3 weeks after hip surgery (to remove screws after accident) -IgM now at 1764. Now responding again to therapy. No bleeding at full dose.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

No Vitals have been entered for the visit date.

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Vitamin D3 400 unit tablet	8/1/2016		0	1 p.o. q. day/ 2000mg

taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule	4/26/2018	0	prn
Imbruvica 420 mg tablet	6/12/2018	28	1 p.o. q. day
strontium nitrate (bulk)	6/14/2018	0	

Confidential - Subject to Protective Order**Assessment and Plan**

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels rising quickly off therapy. Now responding again by IgM levels. Plan to continue treatment and obtain full labs in 2-3 months.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu. this may increase again with reevaluation in 4 months.
3. iron def anemia controlled. (resolved)
4. FAA letter provided indicating he has no side effects to treatment and his disease is well controlled.

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan**Treatment Goal : Palliative.**

Prognosis : Excellent.

Treatment Duration : ongoing.**Expected Response : Partial response.**

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: _____
David Benton, M.D. at on 6/15/2018



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**
Patient Number: **38378**

Date: **6/14/2018**
Date Of Birth: **12/18/1954**

Note
May 2019

To Whom It May Concern,

Edward Friedman is a patient here at New England Cancer Specialists. He was diagnosed in October of 2013 with lymphoplasmacytic lymphoma after presenting with fatigue and anemia. He is currently being treated with Imbruvica. His disease remains well controlled and he has not experienced any significant side effects. He is followed with disease specific blood work and clinical evaluation on a three month basis.

Regarding his oncology diagnosis, there are no restrictions placed on further activity. We respectfully request the FAA consider and approve the continued exercise of his commercial pilot privileges. Please feel free to call if there are any questions regarding his case.

Thank you.

Sincerely,

David C. Benton, M.D.
Hematology/Oncology

Electronically Signed By: 

David Benton, M.D. at on 5/2/2019



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **4/26/2018**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib -held therapy for 3 weeks after hip surgery (to remove screws after accident) -IgM now at 1764. Mild anemia holding.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 4/26/2018 12:57:00 PM: Height=68.5in, Weight=165.2lb, Temp=97.9f, Pulse=69bpm, Resp=18, Systolic BP=135, Diastolic BP=80, O2 Sat w/o exert.=95%, Pain Assessment=2, Fatigue=3

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
Vitamin D3 400 unit tablet	8/1/2016		0	1 p.o. q. day/ 2000mg
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg
Cal-Citrate 250 mg-100 unit tablet	10/5/2016		0	1000mg QD 800 D3

Vitamin D3 2,000 unit tablet	4/5/2017	0	2 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	3 caps(=420 mg) PO daily diplomat spec pharm
Imbruvica 420 mg tablet	3/30/2018	28	1 p.o. q. day
tamsulosin 0.4 mg capsule	4/26/2018	0	prn

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. IgM levels rising quickly off therapy. Plan to restart tx at 420mg and follow levels q2 weeks with a review in 6 weeks. He will present earlier if fatigue worsens.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> Continue at 5k iu. this may increase again with reevaluation in 4 months.

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: 
David Benton, M.D. at on 8/31/2018



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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **2/28/2018**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on Ibrutinib -was on 2 tabs now increased back to 3 with increased fatigue now improved. IgM stable. M-spike at 0.4. CBC stable along with CMP.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 2/28/2018 1:09:00 PM: Height=68.5in, Weight=167.0lb, Temp=97.5f, Temp Route=po, Pulse=65bpm, Resp=18, Systolic BP=151, Diastolic BP=69, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=2-3

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
Vitamin D3 400 unit tablet	8/1/2016		0	1 p.o. q. day/ 2000mg

taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule	2/26/2018	90	3 caps(=420 mg) PO daily diplomat spec pharm

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response Imbruvica at 420mg dose.now at 280 and now back to 420. Stable disease. Follow up in 2 months.
- 2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu. this may increased again with reevaluation in 4 months.
3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Signed By: Jennifer Small on 4/23/2018 at 1:18 PM

Electronically Signed By:

David Benton, M.D. at on 4/23/2018



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **1/3/2018**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton, MD.

Advanced Practice Provider
Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now normal. One episode of palpitations described. No atrial fibrillation. He comes dose back to 2 tablets daily. IgM levels up slightly in 500s.

Vitamin D levels just under 40.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 1/3/2018 1:43:00 PM: Height=174.0cm, Weight=74.7kg, Temp=97.5f, Temp Route=po, Pulse=66bpm, Resp=18, Systolic BP=146, Diastolic BP=83, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=1

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD
Vitamin D3 400 unit tablet	8/1/2016		0	1 p.o. q. day/ 2000mg
taurine 1,000 mg capsule	8/1/2016		0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016		0	1 p.o. q. day/ 600mg

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00070

Cal-Citrate 250 mg-100 unit tablet	Confidential - Subject to Protective Order	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet		4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule		12/26/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm
tamsulosin 0.4 mg capsule		1/3/2018	0	1 p.o. q. day

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose.now at 280. IgA level still falling. Episode of palpitations without atrial fibrillation. Regular rate and rhythm in the office today. Plan continue observation at current doses. Rise noted. If this worsens we can go up on the dose back to 420 then follow.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu. this may increased again with reevaluation in 4 months.

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.



Electronically Signed By:

David Benton, M.D. on 1/10/2018 5:01:06 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **11/8/2017**
Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now normal. One episode of palpitations described. No atrial fibrillation. He comes dose back to 2 tablets daily. IgM levels following still at 409.

Vitamin D levels just under 40.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 11/8/2017 1:10:00 PM: Height=174.0cm, Weight=72.9kg, Temp=98.0f, Pulse=72bpm, Resp=18, Systolic BP=140, Diastolic BP=78, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD

Vitamin D3 400 unit tablet	8/1/2016	0	1 p.o. q. day/ 2000mg
taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule	10/17/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm

Confidential - Subject to Protective Order**Assessment and Plan**

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose.now at 280. IgA level still falling. Episode of palpitations without atrial fibrillation. Regular rate and rhythm in the office today. Plan continue observation at current doses.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu. this may increased again with reevaluation in 4 months.

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By:

David Benton, M.D. on 11/8/2017 5:16:58 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **9/13/2017**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 15. NI wbc and plt. IgM still falling now at 427 with an M spike no to 0.3. Tolerating treatment well.

Vit D rising at 49

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 9/13/2017 1:16:00 PM: Height=174.0cm, Weight=71.5kg, Temp=98.2f, Pulse=77bpm, Resp=18, Systolic BP=164, Diastolic BP=98, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=0

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD

Vitamin D3 400 unit tablet	8/1/2016	0	1 p.o. q. day/ 2000mg
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule	8/22/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. we are starting to see some fluctuation or plateauing of his IgM levels. Therapy well tolerated and an disease remains under control. Plan continue treatment at this time.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By:



David Benton, M.D. on 9/13/2017 2:36:14 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **7/19/2017**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 15. NI wbc and plt. IgM rose this visit up to 553 but now back down to 505 with a drop in his M spike back to 0.3. Tolerating treatment well.

Vit D rising at 49

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 7/19/2017 1:04:00 PM: Height=174.0cm, Weight=72.2kg, Temp=98.0f, Pulse=68bpm, Resp=18, Systolic BP=136, Diastolic BP=83, O2 Sat w/o exert.=97%, Pain Assessment=1, Fatigue=1

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD

Vitamin D3 400 unit tablet	8/1/2016	0	1 p.o. q. day/ 2000mg
taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule	6/19/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. we are starting to see some fluctuation or plateauing of his IgM levels. Therapy well tolerated and an disease remains under control. Plan continue treatment at this time.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By:

David Benton, M.D. on 7/19/2017 1:41:44 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **5/31/2017**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 15. NI wbc and plt. IgM rose this visit up to 553 with m spike up from 0.3 to 0.5. Ed has been skipping doses for easy bleeding.

Vit D rising at 47

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 5/31/2017 12:56:00 PM: Height=174.0cm, Weight=75.4kg, Temp=97.4f, Temp Route=po, Pulse=60bpm, Resp=18, Systolic BP=161, Diastolic BP=76, O2 Sat w/o exert.=99RA%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
vitamin K2 40 mcg tablet	1/11/2016	0		200mg QD
taurine 1,000 mg capsule	8/1/2016	0		1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016	0		1 p.o. q. day/ 600mg
Strontium Citrate	8/1/2016	0		1 p.o. q. day/ 640 mg

Vitamin D3 400 unit tablet	8/1/2016	0	1 p.o. q. day/ 2000mg
Cal-Citrate 250 mg-100 unit tablet	10/3/2016	0	1000mg QD 800 D3
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day
Imbruvica 140 mg capsule	5/19/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. Plan to cont on therapy with full dose and re-eval in 6 wks.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu

3. iron def anemia controlled. (resolved)

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By:

David Benton, M.D. on 5/31/2017 1:47:45 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **4/5/2017**
Date Of Birth: **12/18/1954**

Note

April 4th 2018

To Whom It May Concern,

Edward Friedman is a patient here at New England Cancer Specialists. He was diagnosed in October of 2013 with lymphoplasmacytic lymphoma after presenting with fatigue and anemia. He is currently being treated with Imbruvica. His disease remains well controlled and he has not experienced any significant side effects. He is followed with disease specific blood work and clinical evaluation on a three month basis.

Regarding his oncology diagnosis, there are no restriction placed on further activity. We respectfully request the FAA consider and approve the continued exercise of his commercial pilot privileges. Please feel free to call if there are any questions regarding his case.

Thank you.

Sincerely,

David C. Benton, M.D.
Hematology/Oncology
on

Electronically Signed By: 

David Benton, M.D. at on 6/15/2018



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **4/5/2017**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 15. NI wbc and plt. IgM falling now at 515

Vit D rising at 47

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 4/5/2017 1:35:00 PM: Height=174.0cm, Weight=74.4kg, Temp=97.7f, Pulse=71bpm, Resp=18, Systolic BP=164, Diastolic BP=80, O2 Sat w/o exert.=96%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Drug	Date	Qty	Rfls	Sig
lancets 30 gauge and blood glucose strips combo pack	12/23/2015	1	0	use as directed x3/day (freestyle lite)
honokiol	1/11/2016		0	1 p.o. q. day
vitamin K2 40 mcg tablet	1/11/2016		0	200mg QD

taurine 1,000 mg capsule	8/1/2016	0	1 p.o. q. day
magnesium citrate 100 mg tablet	8/1/2016	0	1 p.o. q. day/ 600mg
Strontium Citrate	8/1/2016	0	1 p.o. q. day/ 640 mg
Vitamin D3 400 unit tablet	8/1/2016	0	1 p.o. q. day/ 2000mg
Cal-Citrate 250 mg-100 unit tablet	10/5/2016	0	1000mg QD 800 D3
Imbruvica 140 mg capsule	3/28/2017	90	3 caps(=420 mg) PO daily diplomat spec pharm
Vitamin D3 2,000 unit tablet	4/5/2017	0	1 p.o. q. day

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 47--> increase to 5k iu

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: _____

David Benton, M.D. on 4/5/2017 2:19:30 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **1/31/2017**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 15. NI wbc and plt. IgM falling now at 545

Vit D stable at 35

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 1/31/2017 1:08:00 PM: Height=174.0cm, Weight=73.8kg, Temp=97.5f, Temp Route=forehead, Pulse=70bpm, Resp=18, Systolic BP=154, Diastolic BP=84, O2 Sat w/o exert.=97RA%, Pain Assessment=0, Fatigue=0

Allergies

NKDA

Medications

Cal-Citrate 250 mg-100 unit tablet, honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, Strontium Citrate, taurine 1,000 mg capsule, Vitamin D3 400 unit tablet, vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00083

Confidential - Subject to Protective Order

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 26--> increase to 7k iu

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Fax to:

MARCUS DECK~(207)798-4018;

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: 
David Benton, M.D. on 1/31/2017 at 2:48 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **12/6/2016**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 14. NI wbc and plt. IgM falling now at 577

Vit D down from 35 to 26

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 12/6/2016 1:25:00 PM: Height=174.0cm, Weight=74.2kg, Temp=97.9f, Temp Route=forehead, Pulse=76bpm, Resp=18, Systolic BP=152, Diastolic BP=92, O2 Sat w/o exert.=100RA%, Pain Assessment=0, Fatigue=0

Allergies

NKDA

Medications

Cal-Citrate 250 mg-100 unit tablet, honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, Strontium Citrate, taurine 1,000 mg capsule, Vitamin D3 400 unit tablet, vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00085

Confidential - Subject to Protective Order

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 26--> increase to 5K i.u.daily and recheck in 2 months

Reviewed letter to CMP-plan to make changes and get it back to the patient.

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Oct 5 2016 12:00AM

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: _____



David Benton, M.D. on 12/6/2016 at 2:21 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **10/5/2016**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Attending Physician

David Benton, MD.

Advanced Practice Provider

Teresa Sirois.

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 14. NI wbc and plt. IgM falling now at 645

Vit D down from 35 to 26

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 10/5/2016 3:03:00 PM: Height=174.0cm, Weight=72.3kg, Temp=97.9f, Temp Route=forehead, Pulse=77bpm, Resp=18, Systolic BP=153, Diastolic BP=81, BP Recheck=143/87, O2 Sat w/o exert.=96RA%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

Cal-Citrate 250 mg-100 unit tablet, honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, Strontium Citrate, taurine 1,000 mg capsule, Vitamin D3 400 unit tablet, vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00087

Confidential - Subject to Protective Order

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now low at 26--> increase to 5K i.u.daily and recheck in 2 months

Reviewed letter to CMP-plan to make changes and get it back to the patient.

Plan of care for Pain

Provider Pain Assessment : No pain reported.

Depression Screening

Depression Screen : No evidence of depression reported.

Time documentation

I spent a total of 25 minutes face-to-face with the patient, of which 25 minutes was spent discussing the issues referenced in this note, counseling and/or coordinating care.

Care Plan

Treatment Goal : Palliative.

Prognosis : Excellent.

Treatment Duration : ongoing.

Expected Response : Partial response.

Radiation Therapy : Patient will not be receiving radiation therapy as part treatment.

Surgery : Surgical intervention is not included in the treatment plan.

Survivorship

Survivorship Care Plan Status : NA due to Palliative treatment intent.

Electronically Signed By: _____



David Benton, M.D. on 10/5/2016 at 4:15 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **8/1/2016**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 14. NI wbc and plt. IgM just under 600 and M spike down to 0.5

Vit D at 35.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 8/1/2016 1:39:00 PM: Height=174.0cm, Weight=70.4kg, Temp=97.9f, Temp Route=po, Pulse=70bpm, Resp=18, Systolic BP=134, Diastolic BP=88, O2 Sat w/o exert.=94RA%, Pain Assessment=1, Fatigue=0

Allergies

NKDA

Medications

honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, modified citrus pectin, Strontium Citrate, taurine 1,000 mg capsule, Vitamin D3 400 unit tablet, vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now adequate at 35.

Confidential - Subject to Protective Order

Electronically Signed By:

David Benton, M.D. on 8/1/2016 at 2:44 PM



Confidential - Subject to Protective Order



New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **6/6/2016**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 14. NI wbc and plt. IgM 800+ and M spike down to 0.5

Vit D at 35.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 6/6/2016 1:13:00 PM: Height=174.0cm, Weight=74.7kg, Temp=97.7f, Pulse=68bpm, Resp=16, Systolic BP=145, Diastolic BP=81, BP Recheck=138/79, O2 Sat w/o exert.=98%, Pain Assessment=1, Fatigue=0

Allergies

NKDA

Medications

honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, modified citrus pectin, vitamin K2 40 mcg tablet

Assessment and Plan

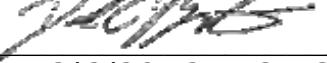
1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Excellent response imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan. Vit D now adequate at 35.

Fax to:

MARCUS DECK~(207)798-4018;

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Electronically Signed By: 

David Benton, M.D. on 6/6/2016 at 2:13 PM



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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **4/7/2016**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Now in for f/u on ibrutinib and tolerating well. CBC now wnl. HGB now above 12. NI wbc and plt.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 4/7/2016 1:11:00 PM: Height=174.0cm, Weight=73kg, Temp=97.2f, Pulse=59bpm, Resp=16, Systolic BP=137, Diastolic BP=78, O2 Sat w/o exert.=100%, Pain Assessment=1, Fatigue=1

Allergies

NKDA

Medications

honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, modified citrus pectin, vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Cont imbruvica at 420mg dose. follow monthly cbc with m-spike and quigs in 2 months..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

Fax to:

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Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00093

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **3/14/2016**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1845. Increased fatigue and progressive anemia noted.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 3/14/2016 2:43:00 PM: Height=174.0cm, Weight=72.3kg, Temp=98.1f, Pulse=82bpm, Resp=18, Systolic BP=131, Diastolic BP=76, O2 Sat w/o exert.=97%, Pain Assessment=1, Fatigue=3

Allergies

NKDA

Medications

Flomax 0.4 mg capsule, honokiol, Imbruvica 140 mg capsule, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, modified citrus pectin, strontium nitrate (bulk), vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Recommend initiating imbruvica at 420mg dose. Side effects reviewed. Follow cbc, cmp and IgM levels.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

Visit Complexity

Visit Complexity:

Fax to:

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00095

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David Benton, M.D. on 3/30/2016 at 4:59 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **1/11/2016**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. IgM levels remained fairly stable at 1911. Hemoglobin remains stable just above 11. Fatigue continues but no worse than when last seen. No fever chills or night sweats..

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 1/11/2016 1:29:00 PM: Height=68.5in, Weight=157.8lb, Temp=97.8f, Pulse=78bpm, Resp=18, Systolic BP=110, Diastolic BP=68, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

Medications

Flomax 0.4 mg capsule, honokiol, lancets 30 gauge and blood glucose strips combo pack, magnesium citrate 100 mg tablet, modified citrus pectin, strontium nitrate (bulk), vitamin K2 40 mcg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Disease then progressed within 2 months. Slow rise in IgM level though lab to lab we see some improvement and some progression. Regional to continue observation at this time. Recommend a visit to Dana Farber cancer Institute for bone marrow biopsy and further genetic testing of his tumor..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

Time documentation

I spent a total of 25 minutes face-to-face with the patient, of which 25 minutes was spent discussing the issues referenced in this note, counseling and/or coordinating care.

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00097

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David Benton, M.D. on 1/11/2016 at 2:17 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **12/7/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. Patient did take 2 weeks of doxycycline without difficulty. IgM is stable. Hemoglobin drifting downward. Fatigue is worsening despite minimal change in hemoglobin. No fever chills or night sweats.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 12/7/2015 1:46:00 PM: Height=68.5in, Weight=157.4lb, Temp=97.6f, Pulse=80bpm, Resp=18, Systolic BP=126, Diastolic BP=62, O2 Sat w/o exert.=99%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

Medications

doxycycline hyalate 100 mg tablet, Flomax 0.4 mg capsule, strontium nitrate (bulk)

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Disease then progressed within 2 months. We'll IgM is stable over the past 2 months he is overall progressing. Discussed ibrutinib. Patient will look into insurance coverage and will consider starting at in mid-January. He will be considered for clinical trial participation at Dana Farber cancer Institute. Side effects of ibrutinib reviewed.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

Time documentation

I spent a total of 35 minutes face-to-face with the patient, of which 35 minutes was spent discussing the issues referenced in this note, counseling and/or coordinating care.

Friedman, Edward P (38378)

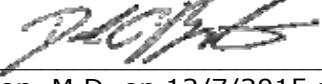
Page 1 of 2

DB-NECS 00099

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David Benton, M.D. on 12/7/2015 at 3:15 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **10/12/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. His IgM level is drifting upward now at just under 2000. Hemoglobin drifting downward but still within normal range. M spike measured 1.3. Imaging reviewed with patient. No new fractures. Hepatosplenomegaly stable. No new adenopathy.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 10/12/2015 1:37:00 PM: Height=68.5in, Weight=158.8lb, Temp=97.8f, Pulse=83bpm, Resp=18, Systolic BP=117, Diastolic BP=67, O2 Sat w/o exert.=97%, Pain Assessment=0, Fatigue=2

Allergies

NKDA

Medications

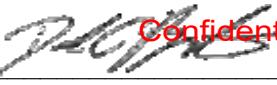
doxycycline hydiate 100 mg tablet, Flomax 0.4 mg capsule, strontium nitrate (bulk)

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Partial response to bendamustine and rituximab. Disease then progressed within 2 months. Drifting slowly upward but not yet symptomatic. Patient would like to try doxycycline 100 mg twice a day ×21 days which has shown some benefit in selected patients. Plan to repeat bloodwork in 2 months. Consider improvement at that time..

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

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David Benton, M.D. on 10/12/2015 at 2:39 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **8/17/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. His IgM level is drifting upward now at 1835. His M spike has increased from 1.0-1.1 and his hemoglobin is drifting downward but remains normal at 13.1. Other counts are within normal limits.

He is still dealing with some paraspinal pain believed secondary to vertebral compression fracture secondary to osteoporosis. His vitamin D level is adequate at 67.7.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 8/17/2015 1:20:00 PM: Height=68.5in, Weight=158.1lb, Temp=97.3f, Pulse=70bpm, Resp=18, Systolic BP=110, Diastolic BP=63, O2 Sat w/o exert.=96%, Pain Assessment=1, Fatigue=7

Allergies

NKDA

Medications

Flomax 0.4 mg capsule, glucose meter of choice per pt's preference, strontium nitrate (bulk)

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Response documented as above. reasonable to continue observation at this point. He is concerned about his trends as I am. He would like to initiate therapy with doxycycline which has been looked at in a clinical trial. I will review that data but for now I recommended observation and follow-up in 2 months.

2 Osteoporosis. Discussed vitamin D and he reports improvement in his last bone density scan.

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Electronically Signed By: 
David Benton, M.D. on 8/22/2015 at 2:45 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **5/4/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Note

June th 2016

To Whom It May Concern,

Edward Friedman is a patient here at New England Cancer Specialists. He was diagnosed in October of 2013 with lymphoplasmacytic lymphoma after presenting with fatigue and anemia. He began chemotherapy with this disorder in June of 2014, receiving a combination of Bendamustine and Rituximab. He received 4 cycles of this combination, and his last dose was completed on September 16 of 2014. He has now completed 3 months of Imbruvica after a relapse in 2016. He has experience no side effects and feels stronger and more alert than at anytime I have known him. He has now completed therapy with his disease well controlled. There are no residual side effects from his therapy. We will plan on following his disease using both clinical evaluation and blood work, specifically IgM levels, serum protein electrophoresis, complete blood counts. Regarding his oncologic diagnosis there are no restrictions placed on further activity.

I would appreciate a call after you have had the chance to evaluate Mr. Friedman to discuss when he would be able to restart Imbruvica. Thank you.

Sincerely,

David C. Benton, M.D.
Hematology/Oncology

DCB/js

Fax Recipients

MARCUS DECK~(207)798-4018;

Electronically Signed By: 

David Benton, M.D. on 6/6/2016 at 1:40 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **5/4/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT
INITIAL ONCOLOGY OFFICE VISIT
New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. now 7 months from completion of therapy IgM levels have increased slightly to 1495. follow-up 2 months later resting them drop by 40 points. No return of anemia. M spike is down from 1.1-1.0. No fever, chills or night sweats. Ferritin dropping now just above 500.

He is still dealing with some paraspinal pain believed secondary to vertebral compression fracture secondary to osteoporosis

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Other Medical problems

Current Problems/Diagnoses: '*Anemia, unspecified(285.9)'.

Vitals

Vitals on 5/4/2015 1:24:00 PM: Height=68.5in, Weight=164.3lb, Temp=98.6f, Pulse=81bpm, Resp=18, Systolic BP=116, Diastolic BP=69, O2 Sat w/o exert.=98%, Pain Assessment=1, Fatigue=1

Allergies

NKDA

Medications

Flomax 0.4 mg capsule, glucose meter of choice per pt's preference

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Response documented as above. reasonable to continue observation at this point. Patient is interested in a doxycycline study. If his numbers begin to worsen. We will follow them every 2 months. No sign of anemia or fatigue. I

would recommend observation. Up until we start to see end organ changes.

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2. a new letter for flight clearance was provided.

3. Osteoporosis. Discussed vitamin D and we'll check that level prior to next visit.

Fax to:

MARCUS DECK~(207)798-4018;



Electronically Signed By: David Benton, M.D. on 5/4/2015 at 2:11 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **2/23/2015**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. now 7 months from completion of therapy IgM levels have increased slightly to 1400. Hemoglobin continues to improve, now above 14. Ferritin remains elevated at 700.

He is still dealing with some paraspinal pain believed secondary to vertebral compression fracture secondary to osteoporosis

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 2/23/2015 1:04:00 PM: Height=174cm, Weight=70.6kg, Temp=97.8f, Pulse=**113**bpm, Resp=18, Systolic BP=143, Diastolic BP=83, O2 Sat w/o exert.=99%, Pain Assessment=5, Fatigue=3

Allergies

NKDA

Medications

dexamethasone 2 mg tablet, Flomax 0.4 mg capsule, glucose meter of choice per pt's preference, oxycodone 10 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Response documented as above. now slight rise in IgM levels. Plan to continue observation. No indication for retreatment. At this time. We discussed approval of ibrutinib for Waldenstrom's macroglobulinemia and data was presented to the patient. This could be a reasonable second line alternative.

2. We discussed his paraspinal pain. He really points to contracted paraspinal muscles. Recommend some deep tissue work, please muscles.

3. We discussed his osteoporosis and possible relationship to his lymphoma. I suspect they are unrelated. Bone scan and PET scan

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00108

showed no active disease in bone.

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Fax to:

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Electronically Signed By: David Benton, M.D. on 2/23/2015 at 1:49 PM

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New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **11/24/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IgM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He has completed 4 cycles of bendamustine and rituximab. Therapy was initiated on June 3, 2014 and completed September 16, 2014 pretreatment IgM levels were 2594, and post treatment levels are measured at 1245 as of November 18, 2014. His anemia with a hemoglobin less than 6. As now resolved above 13. He feels well without fever, chills or night sweats. He notices some left groin discomfort, but that is an area that has had a fracture in his pin. He is one to 2 cm adenopathy on pretreatment CT scan in that area. Nothing palpable on today's exam.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 11/24/2014 1:27:00 PM: Height=68.5in, Weight=162.1lb, Temp=98.7f, Pulse=84bpm, Resp=18, Systolic BP=144, Diastolic BP=82, O2 Sat w/o exert.=96%, Pain Assessment=2, Fatigue=3

Allergies

NKDA

Medications

dexamethasone 2 mg tablet, glucose meter of choice per pt's preference, Senokot 8.6 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

1. Waldenstrom's macroglobulin anemia. Response documented as above. We discussed the role of maintenance rituximab. While he is interested in prolonging his remission. He is concerned that the rituximab caused some leg pain bilaterally. He is also concerned about using rituximab as this would interfere with him reestablishing his flying credentials. We will plan on observation at this time. Repeat blood work planned in 3 months. A letter was provided as well as his records for reexcision of white credentials.

Time documentation

I spent a total of 35 minutes with the patient, of which 35 minutes was spent discussing the issues referenced in this note.

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00110

Fax to:
MARCUS DECK~(207)798-4018;
Confidential - Subject to Protective Order

Transcribed By: Jennifer Small on 12/1/2014 at 9:39 AM

Electronically Signed By: 
David Benton, M.D. on 12/1/2014 at 1:20 PM

Confidential - Subject to Protective Order



New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **9/9/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. Status post 3 cycles of bendamustine, rituximab. SPEP now measured 1.2. Neutrophil count recovering at 900. Afebrile. Feeling well.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 9/9/2014 11:50:00 AM: Height=68.5in, Weight=153.9lb, Pulse=91bpm, Resp=18, Systolic BP=113, Diastolic BP=68, O2 Sat w/o exert.=98%, Pain Assessment=1, Fatigue=2

Allergies

NKDA

Medications

dexamethasone 2 mg tablet, glucose meter of choice per pt's preference, Senokot 8.6 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

1. Anemia. Results of chemotherapy.
2. Waldenstrom's macroglobulin anemia. Plan on 4 cycles of bendamustine rituximab. Plan for slight dose reduction prior to cycle 4. Plan for maintenance rituximab at 3 years of every 3 month treatment.
3. Chest pain with rituximab. Plan on slow infusion in the future.

Fax to:

MARCUS DECK~(207)798-4018;

Confidential - Subject to Protective Order

Transcribed By: Jennifer Small on 9/15/2014 at 11:13 AM

Electronically Signed By:

David Benton, M.D. on 9/15/2014 at 4:43 PM



Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **9/2/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Mr. Friedman is here for follow-up of Waldenstrom's macroglobulinemia and is due for cycle 4 of BR today. He states he is feeling quite well and his only complaint is of bilateral knee pain. The pain seems worse as the day progresses. He denies any unusual activity. No swelling or erythema. He describes legs as sore and heavy with most discomfort in his knees. No general malaise, myalgias or other arthralgias. Denies any known tick bites or any bulls eye rash. He states that he e-mailed his oncologist in Boston who thought the pain was likely related to Rituxan. He was also concerned it could be related to tumor lysis syndrome. He is not on allopurinol. He denies any edema (has had with prior cycles).

He is still experiencing nocturia but thinks it might be slightly better with use of Flomax, which he recently restarted. He also still notes some fatigue after meals. Is checking blood sugars. Mostly in 90-140 range but has had one reading over 200 after a meal. Wants to continue to monitor himself for now.

Review of Systems:

No recurrent or persistent fevers or chills.
No progressive dyspnea, cough or chest pain.
No nausea, vomiting, anorexia, or unintentional weight loss.
No abdominal pain or bloating.
No urinary frequency, urgency, burning or hematuria. C/o nocturia.
No progressive bony pain but c/o bilateral knee pain. No known injury.
No persistent or recurrent headache or neurological changes. No blurred vision. No sensory changes in his extremities.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric;
No palpable cervical or supraclavicular adenopathy.
Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.
Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.
Extremities are without edema or cyanosis.

Vitals

Vitals on 9/2/2014 9:01:00 AM: Height=68.5in, Weight=153.2lb, Temp=98.0f, Pulse=90bpm, Resp=18, Systolic BP=126, Diastolic BP=75, O2 Sat w/o exert.=100%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

Medications

dexamethasone 2 mg tablet, glucose meter, ~~Confidential Subject to Protective Order~~, Sudafed 125 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Labs

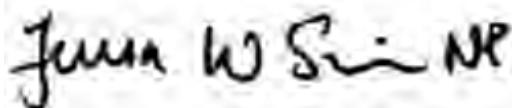
Lab results on 9/2/2014: WBC=1.110*3, RBC=3.9510*6, Hgb=11.2gm/dL, HCT=35.3%, MCV=89.4fL, MCH=28.4pg, MCHC=31.7gm/dL, RDW-CV=16.3%, RDW-SD=54fL, Plat=20910*3, MPV=8.4fL, Gran#=0.010*3uL, Lymph#=0.510*3uL, MONO#=0.410*3uL, BASO#=0.110*3uL, EOS#=0.110*3uL, IG#=0.0010*3uL, Gran%=0.9%, Lymph%=43.8%, MONO%=40.0%, BASO%=4.8%, EOS%=10.5%, IG%=0.00%, Nucleated RBC=0.00/100WBC

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required. Today Hb 11.2.
2. Waldenstrom's macroglobulin anemia. Plan on 4-6 cycles of bendamustine rituximab. IgM levels fluctuating. SPEP pending. Dr. Benton to re-evaluate this at next visit.
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen. Tolerating well.
4. Nocturia. Stable. Patient on Flomax.
5. Knee pain. Suspect it is related to Rituxan. Nothing to suggest TLS. Nothing to suggest gout as it is bilateral, no swelling, no erythema. I suggested Aleve 2 tabs once or twice daily. Monitor for now.
6. Neutropenia. Patient is markedly neutropenic 5 weeks after last cycle. Test was repeated. Treatment held today. Reviewed sxs infection. Return in 1 week for next tx.

Fax to:

MARCUS DECK~(207)798-4018;



Electronically Signed By: _____
Teresa Sirois, FNP on 9/2/2014 at 1:24 PM



Electronically Signed By: _____
David Benton, M.D. on 9/2/2014 at 5:30 PM

Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **8/14/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT WITH TREATMENT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. Status post 3 cycles of bendamustine, rituximab. Therapy is better tolerated with each cycle. Less edema this cycle. No rigors with rituximab. IgM levels fluctuating previously in 1900. Now 2200. SPEP measured at 1.6 prior to treatment.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 8/14/2014 1:41:00 PM: Height=68.5in, Weight=147.7lb, Temp=97.9f, Pulse=94bpm, Resp=18, Systolic BP=120, Diastolic BP=72, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=2

Allergies

NKDA

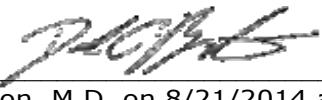
Medications

dexamethasone 2 mg tablet, glucose meter of choice per pt's preference, Senokot 8.6 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required.
2. Waldenstrom's macroglobulin anemia. Plan on 4 cycles of bendamustine rituximab. Check SPEP at cycle 4. Discussed 4 versus 6 cycles.
3. Chest pain with rituximab. Plan on slow infusion in the future.

Transcribed By: Jennifer Small on 8/18/2014 at 8:46 AM
Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. on 8/21/2014 at 9:14 AM

Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **7/29/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT WITH TREATMENT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Mr. Friedman is here to f/u about Waldenstrom's and is due for cycle 3 of BR today. The past two cycles he has had rxn to Rituxan. Last time was better, did not have rigors but had chest pressure. States he is tolerating Bendamustine well. Does report 2 episodes of Fever to 102 lasting 1 day but not associated with any other symptoms. He feels like it is secondary to his treatment and not related to infection. He does report frequent nocturia. Has a mildly enlarged prostate per his report. Was on Flomax in the past, not on now. Doesn't think it helped.

Senokot-S is helping with constipation issues. L groin pain seems to be improving. Has some night-sweats post-infusion.

Review of Systems:

No recurrent or persistent fevers or chills.
No progressive dyspnea, cough or chest pain.
No nausea, vomiting, anorexia, or unintentional weight loss.
No abdominal pain or bloating.
No persistent constipation, diarrhea, pain or blood with defecation.
No urinary frequency, urgency, burning or hematuria.
No progressive bony pain.
No persistent or recurrent headache or neurological changes.
No bleeding or bruising.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.
No palpable cervical or supraclavicular adenopathy.
Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.
Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.
Extremities are without edema or cyanosis.

Vitals

Vitals on 7/29/2014 9:01:00 AM: Height=68.5in, Weight=146.9lb, Pulse=81bpm, Resp=18, Systolic BP=121, Diastolic BP=75, O2 Sat w/o exert.=100%, Pain Assessment=4, Fatigue=2

Allergies

NKDA

Medications

dexamethasone 2 mg tablet, Senokot 8.6 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

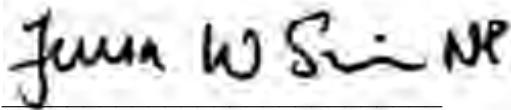
Confidential - Subject to Protective Order

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required. Today Hb 11.2.
2. Waldenstrom's macroglobulin anemia. Plan on 4 cycles of bendamustine rituximab. IgM levels have decreased from 2500 to 1900 with 2 cycles of BR.
3. Chest pain with rituximab. Plan on slow infusion in the future and hydrocortisone as part of the regimen.
4. Nocturia. I suspect related to BPH. I have recommended he restart Flomax but also should discuss symptoms with his PCP. We also discussed blood sugars, which have been WNL when random sugars done with treatment. He describes feeling "logey" at the end of the day and after meals. We discussed checking BS with monitor 3-4 times per day. Should f/u with PCP to discuss.

Tx approved today. F/u after this cycle in 2 weeks with Dr. Benton. Call sooner if any concerns.

Time documentation

I spent a total of 35 minutes with the patient, of which 30 minutes was spent discussing the issues referenced in this note.



Electronically Signed By: _____
Teresa Sirois, FNP on 7/29/2014 at 4:13 PM



Electronically Signed By: _____
David Benton, M.D. on 7/29/2014 at 5:14 PM

Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **7/9/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT WITH TREATMENT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia. He is now status post 2 cycles of bendamustine rituximab. Second rituximab dose went better than the first, but still with an episode of chest tightness that resolved with holding the infusion. He again had an episode of lower extremity edema 3-4 days after the infusion. This was milder and has fully resolved. Hemoglobin is still low at 9.1

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 7/9/2014 3:06:00 PM: Height=68.5in, Weight=148.6lb, Temp=97.9f, Pulse=89bpm, Resp=18, Systolic BP=122, Diastolic BP=63, O2 Sat w/o exert.=98%, Pain Assessment=2, Fatigue=7

Allergies

NKDA

Medications

Senokot 8.6 mg tablet, Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required.
2. Waldenstrom's macroglobulin anemia. Plan on 4 cycles of bendamustine rituximab. Followup IgM levels prior to cycle 3
3. Chest pain with rituximab. Plan on slow infusion in the future.

Fax to:

MARCUS DECK~(207)798-4018;

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00120

Confidential - Subject to Protective Order

Transcribed By: Jennifer Small on 7/10/2014 at 9:15 AM

Electronically Signed By: 
David Benton, M.D. on 7/11/2014 at 12:21 PM

Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **7/1/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

FOLLOW UP VISIT WITH TREATMENT

New England Cancer Specialists - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Began Rituxan/Bendamustine 06/03/2014

Chief Complaint and Interval History

He is here for evaluation and follow up, due for cycle 2 of tx. He is doing well. Biggest complaint is fatigue. He does a lot of physical work--welding, framing, etc.--and doesn't really have the energy. No repeat of the lower leg edema he had post-tx. Cough has resolved with Zyrtec and cough syrup. Not recent sweats. Bowels working now.

Reports a reaction to Rituxan the first cycle.

Review of Systems:

No recurrent or persistent fevers or chills.
No progressive dyspnea, cough or chest pain.
No nausea, vomiting, anorexia, or unintentional weight loss.
No abdominal pain or bloating.
No persistent constipation, diarrhea, pain or blood with defecation.
No urinary frequency, urgency, burning or hematuria.
No progressive bony pain.
No persistent or recurrent headache or neurological changes.
No bleeding or bruising.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.
No palpable cervical or supraclavicular adenopathy.
Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.
Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.
Extremities are without edema or cyanosis.

Other Medical problems

Current Problems/Diagnoses: "Anemia, unspecified(285.9)".

Vitals

No Vitals have been entered for the visit date.

Allergies

NKDA

Medications

Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet, Zyrtec 10mg capsule

Labs

Lab results on 7/1/2014: WBC=5.310*3, RBC=**3.86**10*6, Hgb=**10.2**gm/dL, HCT=**33.9**%, MCV=87.8fL, MCH=**26.4**pg, MCHC=**30.1**gm/dL, RDW-CV=**15.5**%, RDW-SD=**49**fL, Plat=27510*3, MPV=8.7fL, Gran#=3.510*3uL, Lymph#=**0.710***3uL, MONO#=**1.010***3uL, BASO#=0.010*3uL, EOS#=0.110*3uL, IG#=0.0210*3uL, Gran%=66.9%, Lymph%=**12.5**%, MONO%=**18.3**%, BASO%=0.8%, EOS%=1.1%, IG%=0.40%

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required. We discussed how this should improve over time, but chemotherapy may keep it in the 10-11 range.
2. Waldenstrom's macroglobulin anemia. Plan on 4 cycles of bendamustine rituximab. Pt reports a reaction to Rituxan the first cycle.
3. Cough. Likely secondary to post-nasal drip. Trial of Zyrtec 10mg at bedtime. May consider Flonase if not helpful. Can also use dextromethorphan for cough.
4. Constipation. Reviewed that anti-emetic therapy can cause this and that he should start the Senokot S on the day of treatment and continue for 2-3 days.
5. Peripheral edema. Unclear etiology given its rapid onset, and fairly rapid clearing. Follow for now.

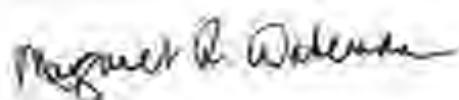
Plan: He will begin cycle 2 today, and return tomorrow for RB. Pre-medicate. Follow up with Dr. Benton next week.

Time documentation

I spent a total of 30 minutes with the patient, of which 30 minutes was spent discussing the issues referenced in this note.

Fax to:

MARCUS DECK~(207)798-4018;



Electronically Signed By: _____
Margaret Waterman, NP on 7/1/2014 at 12:40 PM



Electronically Signed By: _____
David Benton, M.D. on 7/2/2014 at 9:49 AM

Confidential - Subject to Protective Order

New England Cancer Specialists
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**

Date: **6/18/2014**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

Attending Physician

David Benton

URGENT CARE VISIT

MCCM - Brunswick

Other Medical problems

Current Problems/Diagnoses: '*Anemia, unspecified(285.9)'.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. His hemoglobin is now just below 10, after a 2 unit transfusion. Some fatigue has resolved. His ferritin is measured over 700. He describes a short course of edema in the legs bilaterally which came on suddenly and resolved over 3 days.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.

ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis.

No palpable cervical or supraclavicular adenopathy.

Lungs are clear to auscultation, and heart exam reveals regular rate and rhythm.

Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.

Extremities are without edema or cyanosis.

Vitals

Vitals on 6/18/2014 10:05:00 AM: Height=68.5in, Temp=98.4f, Pulse=90bpm, Resp=18, Systolic BP=111, Diastolic BP=57, O2 Sat w/o exert.=97%, Pain Assessment=1, Fatigue=2

Allergies

NKDA

Medications

Soma 250 mg tablet, tramadol 50 mg tablet, Tylenol Extra Strength 500 mg tablet, Zyrtec 10 mg capsule

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma, and now chemotherapy in the differential. Plan to transfuse as necessary to keep hemoglobin above 8. No further iron required. We discussed how this should improve over time, but chemotherapy may keep it in the 10-11 range.
2. Waldenstrom's macroglobulin anemia. plan on 4 cycles of bendamustine rituximab.
3. Cough. Likely secondary to post-nasal drip. Trial of Zyrtec 10mg at bedtime. May consider Flonase if not helpful. Can also use dextromethorphan for cough.
4. Constipation. Reviewed that anti-emetic therapy can cause this and that he should start the Senokot S on the day of treatment and Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00124

continue for 2-3 days.

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5. Peripheral edema. Unclear etiology given its rapid onset, and fairly rapid clearing. Follow for now.

Transcribed By: Jennifer Small on 6/23/2014 at 4:20 PM

Electronically Signed By:



David Benton, M.D. on 6/24/2014 at 8:52 AM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **6/10/2014**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton

URGENT CARE VISIT

MCCM - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Mr. Friedman is here for an urgent visit to discuss concerns related to fatigue, constipation, peripheral edema and a cough.

1. He states cough started before his treatment last week. Denies fever, chills or dyspnea. Seems worse when laying down. Has had rhinorrhea and some sneezing. No definite history of allergic rhinitis.
2. C/o peripheral edema, which started suddenly about 4-5 days after his treatment. Denies leg pain. Swelling was bilateral, has receded. Denies chest pain or h/o CHF. No leg pain.
3. He states he has not had a regular bowel movement for 8 days. Has used oral Dulcolax here and there with small amount of stool. Describes abdominal bloating.
4. C/o generalized fatigue.

Review of Systems:

No recurrent or persistent fevers or chills.
No progressive dyspnea or chest pain. C/o cough.
No nausea, vomiting, anorexia, or unintentional weight loss.
No abdominal pain but c/o bloating and constipation.
No urinary frequency, urgency, burning or hematuria.
No progressive bony pain. C/o peripheral edema, which is resolving.
No bleeding or bruising.

Physical Exam:

Reveals an alert and oriented gentleman who appears in no acute distress.
ECOG: 0; PERRL: sclera anicteric; no evidence of oral thrush or mucositis. Some post-nasal drip is noted in the posterior pharynx.
No palpable cervical, supraclavicular or axillary adenopathy.
Lungs are clear to auscultation. Dry cough is noted.
Heart exam reveals regular rate and rhythm.
Abdomen soft, non-tender, with active bowel sounds, with no palpable organomegaly or ascites.
Extremities with 1+ edema, mostly in feet. Not pitting. No palpable cord in the calf or calf tenderness.
Skin pale-pink, warm, dry.
Alert and oriented, conversational.

Other Medical problems

Current Problems/Diagnoses: "Anemia, unspecified(285.9)".

Vitals

Vitals on 6/10/2014 1:42:00 PM: Height=68.5in, Weight=157.0lb, Temp=97.9f, Pulse=82bpm, Resp=18, Systolic BP=111, Diastolic BP=56, O2 Sat w/o exert.=95%, Pain Assessment=3, Fatigue=5

Allergies

NKDA

Confidential - Subject to Protective Order

Medications

There are no on-going medications for this patient.

Labs

Lab results on 6/10/2014: WBC=4.210*3, RBC=2.9110*6, Hgb=7.7gm/dL, HCT=25.6%, MCV=88.0fL, MCH=26.5pg, MCHC=30.1gm/dL, RDW-CV=15.8%, RDW-SD=51fL, Plat=35910*3, MPV=8.1fL, Gran#=3.010*3uL, Lymph#=0.410*3uL, MONO#=0.810*3uL, BASO#=0.010*3uL, EOS#=0.010*3uL, IG#=0.0210*3uL, Gran%=71.4%, Lymph%=8.3%, MONO%=19.1%, BASO%=0.2%, EOS%=0.5%, IG%=0.50%, Sodium=131mmol/L, Potassium=3.9mmol/L, Chloride=100mmol/L, CO2=30mmol/L, Glucose=132mg/dL, BUN=9mg/dL, Creat=0.6mg/dL, Calcium=8.6mg/dL, Albumin=2.2g/dl, Total Bili=0.6mg/dL, Alk Phos=176U/L, AST=18U/L, ALT=28U/L

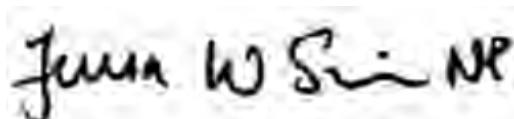
Assessment and Plan

1. Anemia. This is most likely cause of fatigue. Ferritin is elevated. Will transfuse 2 units PRBCs this week. Patient is concerned about developing antibodies. We discussed that transfusion will likely help his symptoms as well as risks of antibody production.
2. Cough. Likely secondary to post-nasal drip. Trial of Zyrtec 10mg at bedtime. May consider Flonase if not helpful. Can also use dextromethorphan for cough.
3. Constipation. Trial of Senokot-S 2 tabs twice daily as needed for constipation. He is not neutropenic at this time and I discussed that he could use a suppository today but I would not recommend regular use of suppositories.
4. Peripheral edema. Seems to be improving. Discussed TED stockings vs HCTZ. Pt would like to try compression hose for now. No evidence of CHF or DVT on exam today.

F/u in 1 week with Dr. Benton as scheduled.

Time documentation

I spent a total of 30 minutes with the patient, of which 25 minutes was spent discussing the issues referenced in this note.



Electronically Signed By:

Teresa Sirois, FNP on 6/11/2014 at 9:13 AM



Electronically Signed By:

David Benton, M.D. on 6/17/2014 at 8:44 PM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **3/20/2014**

Date Of Birth: **12/18/1954**

Attending Physician
David Benton

FOLLOW UP VISIT

MCCM - Brunswick

Other Medical problems

Current Problems/Diagnoses: '*Anemia, unspecified(285.9)'.

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. Hemoglobin has leveled out at 10. Ferritin measured at above 400. No fever, chills or night sweats.

Review Of Systems

Pain: No episodes of pain. **Constitutional:** No difficulty sleeping. Normal appetite. Has a little fatigue which is relieved by rest. No fever or chills. No chills. Reports less than 6 lbs weight loss. **Ears,Nose,Mouth,Throat:** No mouth sores. **Respiratory:** No shortness of Breath **Cardiac:** No irregularity to heartbeat. **Skin:** No hair loss. Extensive skin rash with severe itching. **Gastrointestinal:** No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Reports no edema or fluid build-up. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** No hot flashes.

Vitals

Vitals on 3/20/2014 1:22:00 PM: Height=174cm, Weight=68kg, Temp=98.0f, Pulse=101bpm, Resp=18, Systolic BP=127, Diastolic BP=76, O2 Sat w/o exert.=100%, Pain Assessment=0, Fatigue=0

Performance Status

Name	03/20/14	12/04/13	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0	0	0

Allergies

NKDA

Medications

There are no on-going medications for this patient.

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma all the differential. Initial response seen but counts are leveling out. Question value of additional iron. Pt would like to try one more dose and I think this will not be harmful.
2. Waldenstrom's macroglobulinemia. No clinical signs of hyperviscosity. M spike stable at 1.4-1.6. He remains fatigued and will likely need therapy to make further progress. Pt will be setting up a follow up visit with Dr Costillo.

Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. on 3/23/2014 at 6:33 PM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **2/13/2014**

Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. Hemoglobin continues to improve, now at 9.9. Ferritin measured at 340. Iron saturation 15% up to 9%. SPEP holding steady at 1.6. No fever, chills or night sweats.

Review Of Systems

Pain: Reports a little pain. **Constitutional:** No difficulty sleeping. Has a little fatigue which is relieved by rest. No fever or chills. Reports less than 6 lbs weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** Dyspnea with moderate activity. **Cardiac:** No irregularity to heartbeat. **Skin:** Moderate skin rash with some itching. **Gastrointestinal:** Appetite less than normal but can eat. No Diarrhea. Reports a little nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Patient reports mild edema in limbs. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** Occasional episodes of hot flashes.

Vitals

Vitals on 2/13/2014 1:15:00 PM: Height=68.5in, Weight=152.1lb, Temp=98.4f, Pulse=87bpm, Resp=18, Systolic BP=141, Diastolic BP=71, O2 Sat w/o exert.=98%, Pain Assessment=3, Fatigue=2

Performance Status

Name	12/04/13	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0	0

Problem List:

Current Problems/Diagnoses: "Anemia, unspecified(285.9)".

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma all the differential. Responding to IV iron at this time pending his regional to watch for now as his clinical status is improving. the patient has chosen a more aggressive course for iron replacement. He would like to receive the doses every 4 week. I am willing to provide this as long as we don't push the ferritin too high. While it is above the upper limits of normal, a component of this is likely inflammatory.
2. Waldenstrom's macroglobulin anemia. No clinical signs of hyperviscosity. M spike stable at 1.4-1.6.

Time documentation

I spent a total of 25 minutes with the patient, of which 25 minutes was spent discussing the issues referenced in this note.

Fax to:

MARCUS DECK~(207)798-4018;

Transcribed By: Jennifer Small on 2/16/2014 at 11:22 AM
Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. on 2/23/2014 at 8:02 PM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **1/16/2014**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. Hemoglobin continuing to improve now at 9.6. Ferritin just above 200. Energy level improving. M spike stable at 1.6.

Review Of Systems

Pain: Reports a little pain. **Constitutional:** No difficulty sleeping. Has a little fatigue which is relieved by rest. No fever or chills. Reports less than 6 lbs weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** Dyspnea with moderate activity. **Cardiac:** No irregularity to heartbeat. **Skin:** Moderate skin rash with some itching. **Gastrointestinal:** Appetite less than normal but can eat. No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Patient reports mild edema in limbs. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** Occasional episodes of hot flashes.

Vitals

Vitals on 1/16/2014 11:38:00 AM: Height=68.5in, Weight=153.2lb, Temp=98.0f, Pulse=91bpm, Resp=18, Systolic BP=123, Diastolic BP=61, O2 Sat w/o exert.=97%, Pain Assessment=3, Fatigue=4

Performance Status

Name	12/04/13	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0	0

Medications

Discontinued medication: Vitamin D3 400 unit capsule.

Problem List:

Current Problems/Diagnoses: '*Anemia, unspecified(285.9)'.

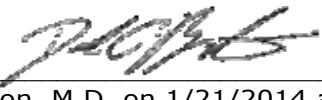
Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma all the differential. Responding to IV iron at this time pending his regional to watch for now as his clinical status is improving. Reviewed rationale for approach once again. Continuing to replace iron at this time. Monitoring ferritin levels. Recheck in 4 weeks.
2. Waldenstrom's macroglobulin anemia. No clinical signs of hyperviscosity. M spike stable at 1.4.

Time documentation

I spent a total of 25 minutes with the patient, of which 25 minutes was spent discussing the issues referenced in this note.

Transcribed By: Jennifer Small on 1/20/2014 at 8:49 AM
Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. on 1/21/2014 at 4:53 PM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **12/4/2013**

Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Visit Location
MCCM - Brunswick

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. His hemoglobin is rising nicely now at 8.7 with improvement in energy level. Ferritin level to measure down the Dana-Farber Cancer Institute at 190. Second opinion was obtained and agreement that observation on iron therapy is appropriate. No clear indication to treat at this time.

Review Of Systems

Pain: Reports a little pain. **Constitutional:** No difficulty sleeping. Has a little fatigue which is relieved by rest. No fever or chills. Reports 6-10 lbs weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** Dyspnea with moderate activity. **Cardiac:** No irregularity to heartbeat. **Skin:** Minimal skin rash with no itching. **Gastrointestinal:** Appetite less than normal but can eat. No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Patient reports mild edema in limbs. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** No hot flashes.

Vitals

Vitals on 12/4/2013 2:11:00 PM: Height=68.5in, Weight=151.7lb, Temp=97.8f, Pulse=89bpm, Resp=18, Systolic BP=124, Diastolic BP=67, O2 Sat w/o exert.=98%

Performance Status

Name	12/04/13	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0	0

Medications

Continued medication: Vitamin D3 400 unit capsule. Discontinued medication: Vitamin C 1000 mg tablet.

Problem List:

Current Problems/Diagnoses: '*Anemia, unspecified(285.9)'.

Assessment and Plan

1. Anemia. Likely multifactorial with iron deficiency and chronic inflammation and lymphoma all the differential. Responding to IV iron at this time pending his regional to watch for now as his clinical status is improving. Reviewed rationale for approach once again. Ferritin of 190 likely represents adequate iron reserves. There is a component of inflammation as well. Both preventing him from using the iron available and pushing up the ferritin falsely into normal range. Plan 1 further dose of iron then. Of observation. Recheck in 4 weeks.

2. Waldenstrom's macroglobulin anemia. No clinical signs of serum viscosity-measured at 1.2. IgM measured 2.5 g. Reviewed the CT scans that showed a 14 cm spleen isn't enlarged. Liver and mesenteric adenopathy in the periaortic pancreatic region. If patient continues to improve with IV iron regional to observe at this time. However treated with rituximab and Velcade, and Decadron at time of progression. Plan to set up a second opinion at Dartmouth Hitchcock. Recheck SPEP in 4 weeks.

Confidential - Subject to Protective Order

Time documentation

I spent a total of 35 minutes with the patient, of which 35 minutes was spent discussing the issues referenced in this note.

Fax to:

MARCUS DECK~(207)798-4018;

Transcribed By: Jennifer Small on 12/9/2013 at 7:36 AM

Electronically Signed By: 
David Benton, M.D. on 12/12/2013 at 2:14 PM

Confidential Subject to Protective Order
Maine Center for Cancer Medicine
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **11/5/2013**

Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Clinical Summary

anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6 and bone marrow, most consistent with Waldenstrom's macroglobulinemia

Chief Complaint and Interval History

Patient is in for followup for Waldenstrom's macroglobulinemia and iron deficiency anemia. His hemoglobin is rising nicely now at 8.3 with improvement in energy level. After 2 doses feraheme. Bone marrow was discussed with the patient over the phone showing 95% cellularity. Pathology most consistent with Waldenstrom's macroglobulinemia.

Review Of Systems

Pain: No episodes of pain. **Constitutional:** No difficulty sleeping. No unusual fatigue. No fever or chills. No significant weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** No shortness of Breath **Cardiac:** No irregularity to heartbeat. **Skin:** No Rash. **Gastrointestinal:** Normal appetite. No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Reports no edema or fluid build-up. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** No hot flashes.

Vitals

Vitals on 11/5/2013 1:44:00 PM: Height=68.5in, Weight=147.7lb, Temp=97.6f, Pulse=90bpm, Resp=18, Systolic BP=125, Diastolic BP=65, O2 Sat w/o exert.=96%

Performance Status

Name	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0

Medications

Added medication: Vitamin C 1000 mg tablet. Continued medication: Vitamin D3 400 unit capsule.

Problem List:

Current Problems/Diagnoses: *Anemia, unspecified(285.9).

Assessment and Plan

1. Anemia. likely multifactorial with iron deficiency and chronic inflammation and lymphoma all the differential. Responding to IV iron at this time pending his regional to watch for now as his clinical status is improving.

2 Waldenstrom's macroglobulin anemia. No clinical signs of serum viscosity. IgM measured 2.5 g. Reviewed the CT scans that showed a 14 cm spleen isn't enlarged. Liver and mesenteric adenopathy in the periaortic pancreatic region. If patient continues to improve with IV iron regional to observe at this time. However treated with rituximab and Velcade, and Decadron at time of progression. Plan to set up a second opinion at Dartmouth Hitchcock.

Plan see the patient back in 4 weeks for review of CBC, ferritin, SPEP, serum viscosity.

Fax to:

Friedman, Edward P (38378)

Page 1 of 2

DB-NECS 00136

MARCUS DECK~(207)798-4018;

Confidential - Subject to Protective Order

Transcribed By: Jennifer Small on 11/6/2013 at 7:52 AM



Electronically Signed By: David Benton, M.D. on 11/7/2013 at 10:19 AM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **10/17/2013**
Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Clinical Summary
anemia sec to iron def/chronic inflammation, IGM m-spike of 1.6

Chief Complaint and Interval History

Patient is in for followup for anemia. He did notice some improvement after IV iron but is fatigued again. Hemoglobin up slightly at 7.1. Multiple questions addressed concerning his anemia and workup.

Review Of Systems

Pain: Reports a little pain. **Constitutional:** No difficulty sleeping. Reports quite a bit of fatigue which limits activities. No fever or chills. No significant weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** No shortness of Breath **Cardiac:** No irregularity to heartbeat. **Skin:** No Rash. **Gastrointestinal:** Normal appetite. No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Reports no edema or fluid build-up. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** No hot flashes.

Vitals

Vitals on 10/17/2013 1:16:00 PM: Height=68.5in, Temp=97.7f, Pulse=83bpm, Resp=18, Systolic BP=113, Diastolic BP=70, O2 Sat w/o exert.=100%, Pain Assessment=2, Fatigue=7

Performance Status

Name	10/17/13	10/02/13
ECOG Performance	0	0

Medications

Continued medication: Vitamin D3 400 unit capsule. Discontinued medication: tamsulosin ER 0.4 mg capsuleextended release 24 hr.

Problem List:

Current Problems/Diagnoses: "*Anemia, unspecified(285.9)".

Assessment and Plan

1. Anemia. We reviewed his blood work. Likely there is a component of iron deficiency, but also a component of low-grade B-cell lymphoma. He will be GI workup for iron deficiency. Plan to proceed with bone marrow biopsy today. All questions addressed.

Time documentation

I spent a total of 15 minutes with the patient, of which 15 minutes was spent discussing the issues referenced in this note.

Fax to:

MARCUS DECK~(207)798-4018;

Transcribed By: Jennifer Small on 10/21/2013 at 8:20 AM

 Confidential - Subject to Protective Order

Electronically Signed By: 
David Benton, M.D. on 10/25/2013 at 10:17 AM



Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **10/2/2013**

Date Of Birth: **12/18/1954**

Attending Physician
David Benton

Reason for Consultation

Edward Friedman is here today for consultation regarding persistent anemia.

History of Present Illness

58-year-old man with anemia that was discovered back in June of 2013. He began a workup for this, which included a ferritin over 200. a normal creatinine, calcium, and bilirubin. He was referred to gastroenterology, but workup was interrupted when he had a accident in his helicopter leaving him injured at Maine Medical Center. He then went to rehabilitation and in September his workup continued. His hemoglobin remained low in the 6-8 range, generally microcytic with an MCV of 78 with a normal white count and platelet count. Ferritin came back low at 80 in September. An SPEP showed an M spike of 1.1 after to his accident. He lost roughly 15 pounds but did not describe fever, chills or night sweats. No adenopathy or early satiety. There was a splenic laceration at his accident but no splenomegaly was ever described.

Family History

Mother died of breast cancer in her late 70s. There is a family history of low-grade non-Hodgkin's lymphoma (Waldenstrom's and chronic lymphocytic leukemia and)

Social History

No significant alcohol.

Review Of Systems

Pain: No episodes of pain. **Constitutional:** No difficulty sleeping. Has a little fatigue which is relieved by rest. No fever or chills. Reports 6-10 lbs weight loss. **Head and Neck:** No mouth sores. No hair loss. **Respiratory:** No shortness of Breath **Cardiac:** No irregularity to heartbeat. **Skin:** No Rash. **Gastrointestinal:** Normal appetite. No Diarrhea. No Nausea. No Constipation. No Vomiting. **Genitourinary:** No urinary symptoms. **Musculoskeletal:** Patient reports moderate edema/swelling in limbs. **Neurological:** No numbness or tingling in extremities. **Psychiatric:** No anxiety or depression. **Endocrine:** No hot flashes.

Vitals

Vitals on 10/2/2013 11:47:00 AM: Height=68.5in, Weight=144.2lb, Temp=98.1f, Pulse=90bpm, Resp=18, Systolic BP=123, Diastolic BP=70, O2 Sat w/o exert.=100%

Performance Status

Name	12/04/13	11/05/13	10/17/13	10/02/13
ECOG Performance	0	0	0	0

Medications

Continued medications: tamsulosin ER 0.4 mg capsuleextended release 24 hr, Vitamin D3 400 unit capsule. Discontinued medications: omeprazole 20 mg capsulesdelayed release, tramadol 50 mg tablet.

Allergies

Allergy	Reaction	Severity
NKDA		

Assessment and Plan

58-year-old gentleman with persistent anemia. Today his hemoglobin is measured at 6.8 with an MCV low at 69. White count normal at 6.2. Reticulocyte low at 0.03. Platelet count elevated at 478. Sedimentation rate is elevated at 130. The etiologies of microcytic anemia certainly include iron deficiency and anemia of chronic inflammation, both of which may be present here. Plan to recheck ferritin. We'll

look at the SPEP again along with immunoglobulins and serum free light chain assay and IFE. Reasonable to replace iron if there is any question, and the followup counts. Bone marrow biopsy may be required. Ref to Dr. Bentons review of blood work, but if ferritin is low, we'll get him in earlier for treatment.

Fax to:

MARCUS DECK~(207)798-4018;

Transcribed By: Jennifer Small on 1/23/2014 at 1:59 PM

Electronically Signed By:



David Benton, M.D. on 1/24/2014 at 4:37 PM

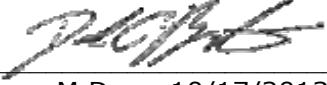
Confidential Subject to Protective Order
Maine Center for Cancer Medicine
81 Medical Center Drive, Suite 1300G
Brunswick, ME 04011
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Edward P**
Patient Number: **38378**

Date: **10/17/2013**
Date Of Birth: **12/18/1954**

Procedure Note

Consent obtained for bone marrow biopsy and aspirate. . Patient placed on abdomen and Right posterior iliac crest palpated, cleaned with iodine, and injected with 10 mL of 1% lidocaine. Core biopsy and aspirate obtained without difficulty. Bandage placed over wound and patient discharged.

Electronically Signed By: 
David Benton, M.D. on 10/17/2013 at 2:43 PM

NEW ENGLAND
Cancer Specialists

Tracey F. Weisberg, M.D., President

Frederick R. Aronson, M.D.

Chiara Battelli, M.D.

Matthew C. Dugan, D.O.

Devon L. Evans, M.D.

Helen F. Ryan, M.D.

Christian A. Thomas, M.D.

Mark Wrona, M.D.

John Winters III, M.D.

Steven L. D'Amato, Executive Director

Julie L. Baither, N.P.

Jaime B. Fairfield, P.A.

Dixie L. Knoll, N.P.

Karli McGill, N.P.

Arlene O'Rourke, N.P.

Summer D. Mowry, N.P.

Amanda E. Magnoli, N.P.

100 Campus Drive, Suite 108

Scarborough, ME 04074-9308
207-396-7600

David C. Benton, M.D.

Thomas J. Keating, M.D.

Eleni N. Nackos, M.D.

Theresa Sirois, N.P.

Peggy R. Waterman, N.P.

81 Medical Center Drive, Suite 1300

Brunswick, ME 04011

207-729-1148

Can Ilyas, M.D.

Kurt S. Ebrahim, D.O.

Suzanne Berlin, D.O.

Danielle Bowen, N.P.

Melanie E. Cogan, N.P.

2 Independence Drive

Kennebunk, ME 04043-6078

207-985-0008

November 30, 2016

To whom this may concern,

I am the oncologist/hematologist treating Ed Friedman. My patient suffers from lymphoplasmacytic lymphoma, a type of non-Hodgkins lymphoma also known as Waldenstrom's macroglobulinemia [WM], a medical condition for which there is no cure. Treatment goals are to slow disease progression if possible.

We are concerned that low-level non-ionizing radiation exposure of the type and levels emitted by Electromagnetic Frequency [EMF] invoicing tools may exacerbate problems already experienced by my patient including fatigue, cognitive difficulties, memory issues and multiple cancer types.

It is my recommendation Mr. Friedman's request for reasonable accommodation without penalty be granted to minimize his risk of disease progression symptoms exacerbation.

Sincerely,



David Benton, M.D.

NEW ENGLAND
Cancer Specialists

BENTON DEPOSITION
EXHIBIT 3

Chiara Battelli, M.D., President

Frederick R. Aronson, M.D.

Matthew C. Dugan, D.O.

Devon L. Evans, M.D.

Jacquelyn A. Hedlund, M.D.

Helen F. Ryan, M.D.

Christian A. Thomas, M.D.

Tracey F. Weisberg, M.D.

John P. Winters III, M.D.

Steven L. D'Amato, CEO

Sarah J. Boucher, N.P.

Angela M. Reed, N.P.

Jamie L. Theriault, N.P.

Arlene C. Damon, N.P.

Melissa K. Timberlake, N.P. It is my recommendation Mr. Friedman's request for reasonable accommodation without penalty be granted to minimize his risk of disease progression symptoms exacerbation.

Bettina I. Herrick, N.P.

Dixie L. Knoll, N.P.

Amanda E. Magnoli, N.P.

Summer D. Mowry, N.P.

Elisabeth R. Robinson, N.P.

100 Campus Drive, Suite 108

Scarborough, ME 04074-9308

207-303-3300

Mark Wrona, M.D.

Andrea C. Berry, N.P.

51 US Route 1, Suite 1

Scarborough, ME 04074-7145

207-303-3300

David C. Benton, M.D.

Brian R. Haney, D.O.

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105 Topsham Fair Mall Road

Topsham, ME 04086

207-729-1148

Can Ilyas, M.D.

Kurt S. Ebrahim, D.O.

Jamie E. McKenzie, M.D.

Julie L. Baither, N.P.

Melanie E. Cogan, N.P.

2 Independence Drive

Kennebunk, ME 04043-6078

207-985-0008

To whom it may concern,

Ed Friedman is currently under my care at New England Cancer Specialists. I am currently treating Mr. Friedman for lymphoplasmacytic lymphoma, a type of non-hodgkins lymphoma. This medical condition is not curable, the goal of care is to slow disease progression if possible.

We are concerned that low-level non-ionizing radiation exposure of the type and levels emitted by Electromagnetic Frequency (EMF) invoicing tools may exacerbate problems already experienced by my patient including fatigue, cognitive difficulties, memory issues, and multiple cancer types.

If you have any further questions please contact my office at 207-729-1148.

Amanda E. Magnoli, N.P.

Summer D. Mowry, N.P.

Elisabeth R. Robinson, N.P.

100

Campus

Drive,

Suite

108

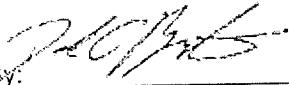
Scarborough,

ME

04074-9308

207-303-3300

Electronically Signed By:


David Benton, M.D. at on 4/30/2020



Confidential - Subject to Protective Order

New England Cancer Specialists
105 Topsham Fair Mall Road, Suite 1
Topsham, ME 04086
Phone: 207-729-1148 Fax: 207-729-2789

Patient Name: **Friedman, Ed**

Date: **4/30/2020**

Patient Number: **38378**

Date Of Birth: **12/18/1954**

To whom it may concern,

Ed Friedman is currently under my care at New England Cancer Specialists. I am currently treating Mr. Friedman for lymphoplasmacytic lymphoma, a type of non-hodgkins lymphoma. This medical condition is not curable, the goal of care is to slow disease progression if possible.

We are concerned that low-level non-ionizing radiation exposure of the type and levels emitted by Electromagnetic Frequency (EMF) invoicing tools may exacerbate problems already experienced by my patient including fatigue, cognitive difficulties, memory issues, and multiple cancer types.

It is my recommendation Mr. Friedman's request for reasonable accommodation without penalty be granted to minimize his risk of disease progression symptoms exacerbation.

If you have any further questions please contact my office at 207-729-1148.

Signed:

Eliza Stinson, RN OCN on 4/30/2020 at 1:04 PM

A handwritten signature in black ink, appearing to read "Eliza Stinson".

Electronically Signed By:  David Benton, M.D. at on 4/30/2020

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New England Cancer Specialists
 100 Campus Drive, Suite 108
 Scarborough, ME 04074
 Phone: 207-303-3300 Fax: 207-250-2139

Specimen Date/Time: 10/17/2013 12:00 AM Report Status: Final

Patient Name: **Friedman, Ed** DOB: 12/18/1954 Page: 1
 Patient Number: 38378 Gender: Male 10/17/2013
 Report Date: 10/21/2013 4:43 PM
 Laboratory Use Only: AN: ALTOS, RN: 754802

Comments:

Result	Value (Previous)	Units	Range	Lab
FLOW LYMPHOMA/LPD/MDS -Final Ordered by: David Benton				
FLOW LYMPHOMA LPD MDS	CASE: FF-13-01272			Orchard-NORDX
PATIENT: EDWARD FRIEDMAN ** CASE: FF-13-01272 SPECIMEN: A. BONE MARROW ASPIRATE FOR FLOW CYTOMETRY CLIENT: MCCMB				

FINAL DIAGNOSIS:

MONOCLONAL B CELL POPULATION, CONSISTENT WITH MALIGNANT LYMPHOMA (SEE PHENOTYPE AND CLINICAL/DIAGNOSTIC SIGNIFICANCE BELOW).
 ERH/CBP 10/21/13

CLINICAL HISTORY:

FLOW CYTOMETRY DATA:

ANTIGEN PANEL: LYMPHOMA/LPD/MDS PANEL (5 COLOR, CD45/SIDE SCATTER GATING): CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11B, CD16, CD19, CD20, CD22, CD23, CD34, CD38, CD45, CD52, CD56, CD57, CD64, FMC-7, AND LIGHT CHAIN (LAMBDA AND KAPPA). ANTIGEN DENSITY, AS INTERPRETED FROM FLUORESCENCE INTENSITY, IS EXPRESSED AS: NEGATIVE (-, NOT DIFFERENT FROM ISOTYPE CONTROL), DIMLY POSITIVE (+, GREATER THAN CONTROL BUT WITH SIGNIFICANT OVERLAP), MODERATELY POSITIVE (++, DISTINCT FROM OR SLIGHTLY OVERLAPPING CONTROL), AND BRIGHTLY POSITIVE (+++, 1.0-2.0 LOGS BRIGHTER THAN CONTROL). CELL VIABILITY IS 99% BY 7-AAD STAINING.

LYMPHOID POPULATION: AN ABNORMAL LYMPHOID POPULATION (87% OF LYMPHOCYTES) IS PRESENT AND CHARACTERIZED AS CD5-, CD10-, CD19++, CD20++, CD22+ (SUBSET), CD23-, CD38+, CD45++, CD52++, FMC-7++ (VARIABLE), KAPPA++ AND NEGATIVE FOR ALL OTHER ANTIGENS. THE T CELL POPULATION (11%) DEMONSTRATES A NORMAL CD4:CD8 RATIO OF 2.1. NK CELLS ARE RELATIVELY EXPANDED AT 29% OF LYMPHOID CELLS..

MYELOID POPULATION: ORDERLY MATURATION WITH NORMAL EXPRESSION OF CD10,

CD11B, CD16, CD38, AND CD45.

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MONOCYTE POPULATION: NOT RELATIVELY INCREASED WITH NORMAL ANTIGENIC EXPRESSION OF CD4, CD16, CD38, CD45, AND CD64.

BLAST POPULATION: NOT INCREASED NOR ANTIGENICALLY ABNORMAL FOR THE SPECIMEN TYPE.

CLINICAL/DIAGNOSTIC SIGNIFICANCE: THIS PHENOTYPE STUDY DEMONSTRATES A MONOCLONAL B-CELL POPULATION CONSISTENT WITH MALIGNANT LYMPHOMA. THE PRIMARY IMMUNOPHENOTYPIC DIFFERENTIAL DIAGNOSIS INCLUDES LYMPHOPLASMACYTIC LYMPHOMA, MARGINAL CELL LYMPHOMA AND LARGE B-CELL LYMPHOMA, NOS. CORRELATION WITH MORPHOLOGIC FINDINGS IS ESSENTIAL FOR DEFINITIVE SUBCLASSIFICATION AND GRADING. PLEASE SEE CONCURRENT BONE MARROW BIOPSY REPORT (BB-13-0318).

GROSS DESCRIPTION:

BONE MARROW ASPIRATE IS RECEIVED FOR FLOW CYTOMETRY AND DIAGNOSTIC EVALUATION.

MEDICAL INDICATION: MALIGNANT LYMPHOMA; ICD-9 202.80

NOTE: THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS DETERMINED BY NORDX, SCARBOROUGH, MAINE. IT HAS NOT BEEN CLEARED OR APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION.

FINAL DIAGNOSES PERFORMED BY ERICA R HEINRICH MD ELECTRONICALLY SIGNED 10/21/2013 3:30:24PM
PROFESSIONAL SERVICES PROVIDED BY SPECTRUM MEDICAL GROUP. TECHNICAL HISTOLOGY AND CYTOLOGY SERVICES PROVIDED BY NORDX LABORATORY, SCARBOROUGH, ME, 207-396-7830, MONICA IANOSI-IRIMIE, MD, PHD, LABORATORY DIRECTOR. THIS TEST PERFORMED AT MAINE MEDICAL CENTER, 22 BRAMHALL STREET, PORTLAND, ME, 04102 MMC, 207-871-2843, CLIA ID: 20D0088538, MICHAEL A JONES, MD, DIRECTOR

-- End of Report --

Electronically Signed By: David Benton, M.D. at 8:51 AM on 10/28/2013

09/14/2010 09:56
Page: 3 of 4Confidential - Subject to Protective Order
National Institutes of Health
Clinical Center

Results Review

09/14/2010 09:56
Page: 1 of 4National Institutes of Health
Clinical Center

Results Review

FRIEDMAN, EDWARD PAUL	37-39-85-5	Admit Date: 01/21/2003
Gender: Male	Birth Date: 12/18/1954	Age: 55y
Attending: Caporaso, Neil E (MD)	Admit Protocol: 2002-C-0210	Location: DLM-CC

08/31/2010 11:18	Immunofixation Electrophoresis, Urine [OrderID:002550CNN]	Final Results	
Immunofixation Electrophoresis, Urine.	SEE NOTE	Final	
	One (1) weak band of both IgM (kappa) and free kappa light chain.		
Albumin, UPEP	17	[%]	Final
Globulin Alpha 1, UPEP	7	[%]	Final
Globulin Alpha 2, UPEP	17	[%]	Final
Globulin Beta, UPEP	25	[%]	Final
Globulin Gamma, UPEP	34	[%]	Final
	One (1) weak band in gamma region.		
Comment		Final	
ORDER COMMENT: IFEUP=Indications/Provisional Diagnoses: History of Monoclonal Gamopathy Mailed-in Specimen, Drawn on: 08/30/2010			
002550CNN/Immunofixation Electrophoresis, Urine:			
ind:Indications/Provisional Diagnoses: History of			
ind:Monoclonal Gamopathy Mailed-in Specimen, Drawn on:			
ind:08/30/2010			

08/31/2010 11:39	Immunofixation Electrophoresis, Serum [OrderID:002550CLY]	Final Results	
Immunofixation Electrophoresis, Serum.	SEE NOTE	Final	
	One (1) moderately strong band of IgM (kappa).		
IgG Serum	722	[642-1730 mg/dL]	Final
IgA Serum	54	L [91-499 mg/dL]	Final
IgM Serum	1210	HH [34-342 mg/dL]	Final
Protein, Total	7.3	[6.4-8.2 g/dL]	Final
Albumin	4.0	[3.5-4.8 g/dL]	Final
Alpha 1	0.2	[0.1-0.3 g/dL]	Final
Alpha 2	0.8	[0.4-0.9 g/dL]	Final
Beta	0.8	[0.7-1.2 g/dL]	Final
Gamma	1.5	[0.7-1.8 g/dL]	Final
	M spike in gamma region = 0.9 g/dL		
Comment		Final	
ORDER COMMENT: IFSG6=Indications/Provisional Diagnoses: History of Monoclonal Gamopathy Mailed-in Specimen, Drawn on: 08/30/2010			
002550CLY/Immunofixation Electrophoresis, Serum:			
ind:Indications/Provisional Diagnoses: History of			
ind:Monoclonal Gamopathy Mailed-in Specimen, Drawn on:			
ind:08/30/2010			

Page: 3 of 4

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New England Cancer Specialists
 100 Campus Drive, Suite 108
 Scarborough, ME 04074
 Phone: 207-303-3300 Fax: 207-250-2139

Specimen Date/Time: 10/17/2013 12:00 AM Report Status: Final

Patient Name: **Friedman, Ed** DOB: 12/18/1954 Page: 1
 Patient Number: 38378 Gender: Male 10/17/2013
 Report Date: 10/21/2013 1:21 PM
 Laboratory Use Only: AN: ALTOS, RN: 754586

Comments:

Result	Value (Previous)	Units	Range	Lab
MISCELLANEOUS TEST 1 -Final Ordered by: David Benton				
BONE MARROW	CASE: BB-13-00318			Orchard-NORDX

PATIENT: EDWARD FRIEDMAN ** CASE: BB-13-00318

SPECIMEN: A. BONE MARROW BIOPSY WITH SLIDES
 B. BONE MARROW ASPIRATE, CLOT
 C. LAVENDER TOP TUBE CLIENT: MCCMB

FINAL DIAGNOSIS:

(A-C) BONE MARROW, CORE BIOPSY, ASPIRATE CLOT SECTION AND ASPIRATE SMEARS: DIFFUSE INVOLVEMENT BY LOW GRADE B-CELL NON-HODGKIN LYMPHOMA.
 SEE FINDINGS BELOW.
 ERH/PAM 10/18/13

MORPHOLOGIC FINDINGS:

EXAMINATION OF THE H+E- AND GIEMSA-STAINED SECTIONS OF THE CORE BIOPSY DEMONSTRATES AN EXCELLENT SAMPLE OF MARKEDLY HYPERCELLULAR MARROW FOR STATED AGE. CELLULARITY IS GREATER THAN 95%. TRILINEAGE HEMATOPOIETIC MATURATION IS PRESENT. MEGAKARYOCYTES APPEAR ADEQUATE IN NUMBER AND SHOW TYPICAL MORPHOLOGY. LYMPHOCYTES ARE MARKEDLY INCREASED AND ARE DISTRIBUTED INTERSTITIALLY AS WELL AS IN VAGUE NODULES. THE ASPIRATE CLOT SECTION CONSISTS OF BLOOD CLOT ADMIXED WITH SMALL, HYPERCELLULAR BONE MARROW PARTICLES WITH FEATURES SIMILAR TO THE CORE BIOPSY. THE ASPIRATE SMEARS ARE PARTICULATE AND CELLULAR. A 200-CELL DIFFERENTIAL COUNT OF THE ASPIRATE SMEAR REVEALS 15% SEGMENTED NEUTROPHILS AND OTHER GRANULOCYTIC PRECURSORS, 12% ERYTHROID PRECURSORS, AND 68% LYMPHOCYTES, 2% MONOCYTES, 1% EOSINOPHILS, AND 2% PLASMA CELLS. LYMPHOCYTES CONSIST OF SMALL TO INTERMEDIATE, MATURE FORMS WITH SCANT CYTOPLASM AS WELL AS A SUBSET OF PLASMACYTOID FORMS. AN IRON STAIN PERFORMED ON THE ASPIRATE SMEAR DEMONSTRATES 2+-3+ STAINABLE IRON. RINGED SIDEROBLASTS ARE NOT

SEEN. A RETICULIN STAIN PERFORMED ON THE CORE BIOPSY HIGHLIGHTS MILD, PATCHY, RETICULIN FIBROBLASTS. ~~CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER~~ A LYMPHOMA STAIN PERFORMED ON THE CORE BIOPSY (A1). LYMPHOMA CELLS ARE STRONGLY POSITIVE FOR CD20 AND WEAKLY TO MODERATELY POSITIVE FOR CD79A. CD3 HIGHLIGHTS RARE, SCATTERED SMALL T CELLS. CD34 HIGHLIGHTS VESSELS AND RARE INTERSTITIAL MONONUCLEAR CELLS.

FLOW CYTOMETRY RESULTS:

A CONCURRENT FLOW CYTOMETRY STUDY DEMONSTRATES A CD5-, CD10- MONOCLONAL LYMPHOID POPULATION CONSISTENT WITH MALIGNANT LYMPHOMA.

CYTOGENETIC/MOLECULAR RESULTS:

NOT AVAILABLE.

SUMMARY/COMMENTS:

OVERALL, THE FINDINGS ARE CONSISTENT WITH DIFFUSE BONE MARROW INVOLVEMENT BY LOW GRADE B-CELL NON-HODGKIN LYMPHOMA. GIVEN THE IMMUNOPHENOTYPE AND THE HISTORY OF IGM MONOCLONAL GAMMOPATHY, THE FINDINGS FIT BEST WITH LYMPHOPLASMACYTIC LYMPHOMA. LYMPHOMA OCCUPIES ROUGHLY 60% OF OVERALL BONE MARROW SPACE.

CLINICAL HISTORY: LIKELY IRON DEF.; 1.6 GM IGM SPIKE.

GROSS DESCRIPTION:

(A) THE SPECIMEN IS RECEIVED IN AZF FIXATIVE LABELED FRIEDMAN, EDWARD AND BONE MARROW AND CONSISTS OF TWO, 0.2 CM CORES RANGING IN LENGTH FROM 2.5 TO 1.3 CM. THE TISSUE IS SUBMITTED FOLLOWING DECALCIFICATION. (2 NS) (1 CASSETTE)

(B) THE SPECIMEN IS RECEIVED IN AZF FIXATIVE LABELED FRIEDMAN, EDWARD AND BM ASPIRATE AND CONSISTS OF GRANULAR PARTICLES AND BLOOD THAT MEASURE 1.0 X 0.7 X 0.3 CM IN AGGREGATE. (NS) (1 CASSETTE)

(C) THE SPECIMEN IS RECEIVED LABELED FRIEDMAN, EDWARD AND BONE MARROW ASPIRATE LAVENDER TOP TUBE. IT CONSISTS OF A FLUID FILLED, LAVENDER TOP TUBE WHICH WILL BE FORWARDED TO MMC HEMATOLOGY FOR ROMANOWSKY STAINED SLIDE AND CLOT SECTION PREPARATION.

ACCOMPANYING THE ABOVE SPECIMEN ARE FIVE MICROSCOPE SLIDES LABELED FRIEDMAN, EDWARD. THE SLIDES ARE FORWARDED TO MAINE MEDICAL CENTER FOR PATHOLOGIST INTERPRETATION.

SH/CAR 10/17/13

NOTE: THESE IMMUNOHISTOCHEMICAL STAINS WERE DEVELOPED AND THEIR PERFORMANCE CHARACTERISTICS WERE ESTABLISHED BY THE MANUFACTURER AND VERIFIED BY NORDX LABORATORIES, SCARBOROUGH, MAINE PRIOR TO THEIR CLINICAL USE. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (EXCEPT VENTANA 4B5 HER-2 AND VENTANA C-KIT (CD117) ANTIBODY WHICH ARE FDA APPROVED).

FINAL DIAGNOSES PERFORMED BY ERICA R HEINRICH MD ELECTRONICALLY SIGNED 10/21/2013 10:34:22AM
THE ABOVE DIAGNOSIS REFLECTS REVIEW OF MICROSCOPIC SLIDES. PROFESSIONAL SERVICES PROVIDED BY SPECTRUM MEDICAL GROUP. TECHNICAL HISTOLOGY AND

CYTOTOLOGY

CONFIDENTIAL. SUBJECT TO PROTECTIVE ORDER. CLIA ID: 20D0088538, MICHAEL A JONES, MD, DIRECTOR
SERVICES PROVIDED BY NOVA MEDICAL LABORATORY, INC., 207-396-7830,
MONICA IANOSI-IRIMIE, MD, PHD, LABORATORY DIRECTOR. THIS TEST PERFORMED
AT
MAINE MEDICAL CENTER, 22 BRAMHALL STREET, PORTLAND, ME, 04102 MMC,
207-871-2843, CLIA ID: 20D0088538, MICHAEL A JONES, MD, DIRECTOR

-- End of Report --

Electronically Signed By: David Benton, M.D. at 8:51 AM on 10/28/2013

11/25/13 09:03:29

Confidential → Subject to Protective Order 201429 2163 Dana Farber Cancer I Page 002

Patient: FRIEDMAN, EDWARD 627062(DFCI) 12/18/54 M
 Author: Electronically Signed by Jorge Julio Castillo, M.D.

Signed 11/23/2013 08:18
 Visit Date: 11/22/2013

DANA-FARBER CANCER INSTITUTE
 450 Brookline Ave, Boston, MA 02215 (617) 632-3000

Patient: FRIEDMAN, EDWARD
 MR#: 627062
 DOB: 12/18/1954



HEMATOLOGY ONCOLOGY CLINIC

CONSULTATION NOTE

REASON FOR CONSULTATION: Recent diagnosis of Waldenstrom's macroglobulinemia and iron deficiency anemia.

Requesting Physician: Dr. David Benton

HISTORY OF PRESENT ILLNESS: Mr. Edward Friedman is a 58-year-old man who was recently diagnosed with Waldenstrom's macroglobulinemia. The patient reports that it was last year when he started recording fevers and progressive weakness, however, no infectious agent was identified and the patient took just doxycycline thinking that it was some type of a tick-borne illness, although this was not demonstrated. At some point earlier this year, the patient had a hemoglobin of 9.8. Unfortunately, the patient had an accident in which he was tracking some bears in a helicopter and then the helicopter went down. The patient suffered multiple fractures and ended up admitted at the Maine Medical Center for care for a few weeks. The patient's hemoglobin dropped as low as 6.5 grams per deciliter. However, the patient only needed one transfusion to bring his hemoglobin closer to 8 grams per deciliter. The patient prior to this admission was found to be iron deficient and he was supposed to have upper and lower endoscopies but these were delayed because of his accident. The patient was then discharged to a rehabilitation facility and it was at this time that the patient switched primary care physicians as well. His new primary care physician, Dr. Deck, once noticed the anemia as well as the fainting episodes the patient was experiencing during his hospitalization and decided to send the patient to a hematologist oncologist. Around this time, the patient was found to have an elevated IgM. The patient refers that he was having increased shortness of breath when walking his dog and this has been predating his accident. However, his energy level improved with more recent infusion of intravenous iron in the last couple of weeks. The patient then underwent a bone marrow aspirate and biopsy a few weeks ago which was consistent with Waldenstrom's macroglobulinemia. The patient comes in today to see us for the first time. He would like to know the current status of his disease and looking for a second opinion in terms of what best next steps should be for his care.

REVIEW OF SYSTEMS: The patient feels that his activity level has improved now that he is on iron and his hemoglobin has increased to 8 grams per deciliter. The patient denies any more recent fevers, however, he does have some sweats although he does not relay this to his Waldenstrom's condition. The patient has had some weight loss which actually predates his accident, approximately ten pounds, for the whole year prior to his accident and after that he had up to ten to 15 pounds of weight loss. The patient does not know if it is related to the accident or to Waldenstrom's. He denies any sinus or bronchial infections. The patient reports some tingling on the left ankle, which is the one that he fractured. He believes this is related to his accident, since he is actually improving; same thing as his right toe, which he fractured and he is now currently improving. He denies any numbness or tingling in his hands. The patient denies any abnormal bleeding or bruising. He denies any Raynaud's phenomenon, however, he reports that he has some scabs on his body that seem to bleed and are somewhat itchy and they seem to be relatively new. Otherwise, the 14 point review of systems is negative.

PAST MEDICAL HISTORY:

1. Waldenstrom's macroglobulinemia.
2. Iron deficiency anemia.
3. Benign prostatic hyperplasia.
4. Vitamin D deficiency.

11/25/13 09:04:22

Confidential - Subject 200720219 Order Farber Cancer I Page 003

Patient: FRIEDMAN,EDWARD 627062(DFCI) 12/18/54 M
Author: Electronically Signed by Jorge Julio Castillo, M.D.

Signed 11/23/2013 08:18
Visit Date: 11/22/2013

MEDICATIONS: At this time, none. The patient was recommended to take vitamin D as well as tamsulosin and oral iron and tramadol for pain, but he had discontinued all these medications in the last several weeks.

ALLERGIES: None.

SOCIAL HISTORY: The patient lives at home with his wife. He is independent in his activities of daily living. He denies any smoking, he denies any alcohol intake, he denies any exposure to biohazardous materials.

FAMILY HISTORY: The patient does have some Eastern European ancestry with father from Hungarian and Austrian ancestry. Mother's ancestry is from France and England. He denies any Jewish descent. Paternal grandfather died of lung cancer at age 67 but he was a heavy smoker. Paternal grandmother had no evidence of cancer. Maternal grandmother died at age 96 of natural causes and maternal grandfather is unknown. Father was diagnosed with colon polyps but otherwise no other issues. Mother had a questionable diagnosis of Waldenstrom's macroglobulinemia but she died of breast cancer. As far as siblings, there is a brother with cancer of unknown type and another brother who is healthy. Mother has a brother who had diagnosis of chronic lymphocytic leukemia and died from it and also another brother who is otherwise well, with no history of cancers. The patient has one cousin who died from prostate cancer at an early age. The patient has a sister with multiple autoimmune conditions, including Raynaud's and Crohn's and also a breast cancer, another underwent mastectomy and she is being taken care of Memorial Sloan Kettering Cancer Center in New York. The patient has no children.

PHYSICAL EXAMINATION: The patient has a height of 175 cm, weight 66 kg, for a body mass index of 31.6. Temperature 97.8, blood pressure 121/66, pulse 85 per minute, respiratory rate of 18, an oxygen saturation of 99 percent, and a pain level of 0. General: Alert and oriented times three, in no apparent distress. Head is atraumatic. ENT: There is no edema of the oropharynx, without cervical or supraclavicular lymphadenopathy. Funduscopic examination is within normal limits. Lungs are clear to auscultation bilaterally. Heart: S1 and S2 without murmurs. There is slightly palpable bilateral axillary lymphadenopathy. Abdomen: Soft, nontender, non-distended. I can palpate the tip of the spleen on inspiration as well as the border of the liver on inspiration. There is bilateral lymphadenopathy, one on the right that is approximately 1.5 cm and three lymph nodes on the left, ranging from 1.5 to 2 cm in the greatest diameter. Extremities: No edema, clubbing, or cyanosis. Pulses are 2 plus bilaterally. Skin: There are multiple tiny scabs scattered throughout the patient's chest and back, no evidence of erythema or changes in color of the skin. CNS: Cranial nerves II/XII are within normal limits. Strength: 5 out of 5 in upper and lower extremities. Sensation is 5 out of 5 in upper and lower extremities, maybe somewhat decreased in the left and the right great toes.

LABORATORY DATA FROM NOVEMBER 8, 2013: Complete blood count showing hemoglobin of 8.3, which is an improvement from 7.3 from October 17th, white blood cell count of 6.1, MCV 73.5, which is low, and a platelet count of 295. Complete metabolic panel within normal limits from October 2nd as well as liver function tests. The patient's IgM from October 29, 2013 is 2,585 with IgG 682, and IgA of 31. The FLC ratio from October 2nd is 28.9, which is elevated. Reticulocyte counts are normal as well as a haptoglobin. From September we have a creatinine of 0.6, also we see a urine protein that is slightly elevated at 51. The patient's ferritin was 80 on September 20th with an iron of 17 and a TIBC of 216 for a transferrin saturation of approximately 8 percent.

PATHOLOGY: We have a bone marrow aspirate and biopsy which was read by our pathologists and is showing approximately 50 percent of the intratrabecular space is comprised of a population of small lymphocytes, lymphoplasmacytic forms, and rare plasma cells. Some Dutcher bodies are seen. These cells seem to be CD20 positive as well as CD79A positive. Blasts appear to be approximately 1 percent. The lymphocyte cells by flow cytometry are CD5, CD10, CD23 negative. They are positive for CD19, CD20, CD22, CD38, CD45. Taken together, these findings are more likely of a low-grade B-cell lymphoproliferative disorder with plasmacytic differentiation.

More recently, the patient has undergone upper and lower endoscopies and we have reports showing normal mucosa in the esophagus, the stomach, duodenum, and colon.

IMAGING: We have a CT scan of the chest, abdomen, and pelvis from November 1, 2013 which shows hepatosplenomegaly, axillary lymphadenopathy as well as some lymphadenopathy in the periportal region and smaller celiac axis lymph nodes as well as a gastrohepatic ligament, some moderate lucency, right side of the sacrum, which might be posttraumatic.

ASSESSMENT AND PLAN: Mr. Friedman is a 58-year-old man who had presented with elevated IgM and anemia as well as

11/25/13 09:04:56

6176223022->Subject to Protective Order Dina Farber Cancer I Page 004

Patient: FRIEDMAN,EDWARD 627062(DFCI) 12/18/54 M
Author: Electronically Signed by Jorge Julio Castillo, M.D.

Signed 11/23/2013 08:18
Visit Date: 11/22/2013

bone marrow findings consistent with low-grade B-cell lymphoproliferative disorder with plasmacytic differentiation. All these taken together are strongly pointing towards a diagnosis of Waldenstrom's macroglobulinemia. I have discussed with the patient that the best way to diagnosis his condition would be to do another bone marrow biopsy in order to obtain the MYD88L265P mutation, however, at this time I do not think it would be absolutely necessary as clinically speaking, it does behave as Waldenstrom's macroglobulinemia and I do believe this is his diagnosis. Regarding his disease, it looks like he has 50 percent more involvement as well as some lymphadenopathy and hepatosplenomegaly. The patient is anemic, however, I believe these could be more related to iron deficiency than anything else. The patient has reasons to be iron deficient, although upper and lower endoscopies were normal. Additionally to this, our group described at Waldenstrom cells can produce hepcidin, which will decrease the ability of absorbing iron from the gastrointestinal tract. We have been successful on improving iron studies and hemoglobins in patients with Waldenstrom's with intravenous iron. The patient already feels better with an improvement in his hemoglobin with two doses of ferumoxytol. Our recommendation at this time is for the patient to continue on ferumoxytol given on day one and day eight every four weeks in order to see an improvement in the patient's hemoglobin. Depending on the patient's hemoglobin plateau, we could decide on moving forward with therapy or not. In the patient's plateau of hemoglobin, it is around 12, then treatment might not be necessary in this patient who is otherwise asymptomatic.

At this time, I do not see any clear evidence of need for therapy on this patient. The patient should continue with intravenous iron supplementation. The patient should be seen in followup by Dr. Benton in three months to have the patient's complete blood count and IgM rechecked. I will have the patient back to see me in approximately six months and at that time I will have the complete blood count and IgM rechecked. It is interesting, the patient's mother and maternal uncle have had hematologic malignancies as we, in our experience, approximately 22 to 25 percent of our patients do have familial predisposition. Additionally, patients of Eastern European descent and Ashkenazi Jewish tend also to have a higher predisposition of developing Waldenstrom's macroglobulinemia, approximately 25 to 30 percent of all population belong to these demographics.

I really would like to thank you for the opportunity of taking care of such a nice gentleman. I have answered the patient and his wife's questions to their satisfaction and to the best of my ability. I have also provided them with my contact information as I remain available for future questions and inquiries.

Time spent: 60 minutes.

Jorge Castillo, MD
Dana-Farber Cancer Institute
Attending Physician
Hematologic Malignancies
Tel: 617-632-6285
Fax: 617-632-4862
jorgcj_castillo@dfci.harvard.edu

H 36 D: 11/22/2013 15:03:37 T: 11/22/2013 17:47:31 J: 159680 I: 458872

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Division of Cancer Epidemiology and Genetics
Genetic Epidemiology Branch

Building EPS Room 7010
6120 Executive Blvd
Bethesda, MD 20892-7236
Tel: 301-496-4375
Fax: 301-402-4489

U.S. Department of
Health and Human Services
National Institutes of Health

Edward P. Friedman
42 Stevens Road
Bowdoinham, ME 04008

25 October 2010

Reference #4438-03-005

Dear Mr. Friedman:

Thank you once again for participating in the National Cancer Institute (NCI) family study of Waldenström macroglobulinemia (WM). I especially appreciate your willingness to work with us over time. I enjoyed our conversation last week and appreciate your taking the time to speak with me. I wanted to send you the results of your laboratory tests for your records. They are enclosed on a separate page. As a reminder, to maintain confidentiality we are not permitted to send reports to your physician(s) without your written permission, but you may share this information with your doctor at your discretion.

Compared to your results in 2003, your serum IgM level was 1210 mg/dL (the reference range in our laboratory is 34 – 342 mg/dL), which is an increase of about 30% higher over the 7-year interval. In addition, we continue to see evidence that at least a portion of your IgM is being made by a single related group (or “clone”) of cells. Your IgG level remains within the reference range; however, your IgA is now low at 54 mg/dL (range 91-499 mg/dL). When the IgM level rises, it is very common for one or both of the other immunoglobulins to decrease. As you may remember, our immunoglobulins are specialized proteins that help protect us against infection. Most people do not become susceptible to frequent infections until one or more of their immunoglobulins have dropped to very low levels (for IgA, this would be less than 10 mg/dL).

To review, usually the immunoglobulins are made by many millions of cells. One of the protein studies showed that a portion of your IgM is being made by a single cell or small group of related cells. When this happens, a person is said to have a “monoclonal gammopathy” (‘mono’ means ‘one’, ‘clonal’ means ‘cell’, and ‘gammopathy’ has to do with immunoglobulins). It appears that your white blood cells that make immunoglobulins are stuck in the “turned on” phase and are producing extra immunoglobulin even though it is not needed by your body. In some people, this can occur in the absence of any sign of serious disease. The medical term for this condition is “monoclonal gammopathy of undetermined significance” or “MGUS”. In the past, when we have studied the relatives of patients with WM, we have sometimes found that some of the relatives have monoclonal proteins in their blood that are not associated with any illness. MGUS occurs in about 5% of healthy adults. In the majority of these people, the MGUS never goes on to develop into a more serious condition. Sometimes, it disappears completely.

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When the monoclonal IgM is big enough to measure, a very small number of people with MGUS, about 1%, go on to develop a more serious condition, such as WM or multiple myeloma, each year. Although most people with MGUS never have any medical problems from it, we are not yet able to predict who will.

I do not know whether the rise in your IgM level has occurred recently or very slowly over the past 7 years. It may level off at some point, but it might not. The real question is, at what point do we need to consider evaluating you further. Since you are not having symptoms, I suggest that we repeat your protein studies in about 6-9 months. If there has been no major change during the interval and you are still symptom-free, then we can continue to monitor you through periodic protein studies. If there has been a substantial increase, or if you begin to have symptoms, then we should discuss other options. You should hear from us in late spring/early summer of 2011 to arrange another blood draw. If you should develop new symptoms (such as unexplained severe fatigue, night sweats, easy bleeding from your gums or nose, enlarged lymph glands) before that time, please seek medical attention from your personal physician and call us.

Again, I want to thank you sincerely for your interest in our research in familial WM. We are deeply grateful for your support and participation in our efforts to understand Waldenström macroglobulinemia, its cause(s), and especially how this disease behaves in families. Your generous participation has been vital to our progress. If you should have any questions now or in the future, please do not hesitate to contact me.

With warmest regards,



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Enclosure

Laboratory results